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## Lobar Pneumonia<sup>1</sup>

By J. C. DOANE, M.D.

I AM going to discuss with you a very interesting acute infectious disease. This condition is of particular importance to us at this time of the year because many cases occur during the fall, winter and spring months. Moreover, to those of you who are now assigned to the medical service, information concerning this infection will add interest and understanding to your work. I refer to lobar pneumonia.

The causative agent in this disease is the pneumococcus,—a lance- or cartridge-shaped organism which usually occurs in pairs and which can be easily demonstrated in the sputum of a patient suffering with the disease. Nor is the presence of these organisms in the nose and throat of well persons a rarity, although frequently these germs are not capable of producing the disease. When the person who is harboring these usually harmless organisms becomes less resistant through chilling, "catching cold," living

in unhygienic surroundings, or injury to the chest, the whole picture changes and what were but innocuous mouth inhabitants now become virulent and disease-producing. Lobar pneumonia is so called because it usually involves one

or more entire lobes in contradistinction to broncho or lobular pneumonia which affects but a part of one or more lobes.

How often do we hear some one say: "I almost had pneumonia but the doctor warded it off." We

either do have an infection of the lung with the pneumococcus or else we do not, and once a lobar pneumonia has developed, we unfortunately do not know of any medicine or measure which is powerful enough to shorten its course.

I have said that this disease is an interesting condition. It is more than interesting, it is dramatic in its onset and its subsidence. It strikes down the hitherto well man as by a blow and it departs almost as suddenly and as dramatically as it began.

The onset is usually most stormy. The patient may have a violent chill and in an hour the temperature rises to

**S**PARE your patient every physical effort. Spare his heart muscle, for if he dies, it may be from heart exhaustion, and if he lives, it will usually be because of preserved heart strength in which you will play no small part.

<sup>1</sup>A lecture delivered to the Intermediate class of the School of Nursing, Philadelphia General Hospital.



104 or 105 degrees Fahrenheit. The patient is acutely ill, and the pain in the affected side is most severe. If you have seen a patient with a pneumonia of three or four days' duration you will remember that he was inclined to lie on the affected side. He had a curious mahogany flush on the cheek. There were fever blisters (herpes) on his lips, the facial expression was anxious, and the wings of his nose moved with each inspiration. Because of the chest pain, the respirations were frequent and shallow and at the end of expiration there occurred a grunt or groan showing the patient's great prostration. If you were now to take his pulse you would find it rapid and full and bounding. The cough is held back because of the pain which it produces.

The sputum of lobar pneumonia is most characteristic. At first it is frothy and mucoid but later it is usually blood stained. The term "rusty" is very descriptive of the sputum at this stage.

The nurse cannot help but note the viscosity or stickiness of the sputum of a well developed case,—the patient not being able easily to eject it from the mouth. Indeed the sputum cup may be inverted without spilling its contents. Still later the sputum is thinner and may assume a prune-juice color and consistency.

#### Pathological Changes

Now what has happened in the lungs and other bodily organs to produce these symptoms? I have here the lung of a patient who has died in the past few hours of lobar pneumonia. You will note that it has the appearance of liver tissue and that it apparently, in its lower lobe, contains no air. Indeed, when I put a section in water it sinks. I can feel no air between my fingers when I squeeze the affected lobe as compared with the upper lobe which has a light, soft, velvety feel. It can be easily understood that this lower lobe cannot admit air to its vesicles and that the interchange of oxygen for carbon dioxide cannot here take place. But this is not the serious feature of this disease. As the pneumococci grow and reproduce, a violent inflammation of the lung is set up and there is produced by this growth a virulent poison, the pneumotoxin, which is absorbed and transmitted by the blood stream to all parts of the body. The heart muscle is particularly poisoned by this substance. Let us remember that when the patient dies from pneumonia he rarely does so because he has lost too much breathing space in his lungs but much more frequently because his heart is overcome with this powerful poison.

In the first stage, nature answers the call from the lungs for relief from this virulent invader by rushing more blood to the pulmonary capillaries and marked engorgement occurs. The air cells



become filled with white and red blood cells as well as the fluid element of the blood which coagulates or solidifies and the stage of red hepatization (from the Latin word "hepar" meaning "liver") takes place. Later the affected lobe assumes a grayish hue and finally nature reabsorbs most of the substance in the air cell and air once more can bring in the life sustaining oxygen and carry away the waste carbon dioxide. The inflammation of the pleural sac which surrounds the lung accounts for the early chest pain and the congestion accounts for the blood stained sputum. The patient soon learns that lying on the affected side splints the inflamed pleural surfaces and this lessened motion decreases the pain.

As the disease progresses the temperature remains constantly high. Indeed the physician feels less concerned about his patient if, by a reasonably high fever and a great increase in the white blood cells, he is assured that the patient's defensive forces are putting forth a violent effort to rid the body of the offending pneumococci. The pulse now ranges from 110 to 130 and it is no longer so bounding or forceful in character and the blood pressure slowly falls. It has been said that when the blood pressure is less than the pulse rate, the heart is asking for help from the physician. This increase in pulse rate and fall in blood pressure is caused by the effect of the pneumotoxin on the heart muscle coupled with the requirement for more work because of the extra resistance to the blood current in the inflamed lung tissue.

#### The Crisis

On about the seventh to ninth day there usually occurs one of nature's miracles. From a state of delirium and restlessness, of danger of death, of high fever, of marked prostration, of rapid

and feeble pulse, of panting and difficult respiration, the patient almost while we look passes into a restful slumber, with normal or subnormal temperature, easier respirations and slowed and strengthened pulse beat. This is the crisis of the disease and this is the hour to which the doctor has been anxiously looking from the onset. Sometimes these changes take place from midnight to dawn, but occasionally twelve to eighteen hours are required to bring them about.

But the crisis in pneumonia is a period of danger and if ever skilled nursing care is required, it is now. Many a man and woman has been saved by an alert and skilled nurse and physician at this time. What now are other danger signals for which the nurse must be on the alert? They are:

- (1) Increased cyanosis or blueness of the finger nails and lips, or other mucous membranes.
- (2) Increase in pulse rate and diminution in pulse volume or regularity.
- (3) A fever of over 105 degrees Fahrenheit.
- (4) Noisy delirium with tossing about or difficulty in keeping the patient in bed.
- (5) As we have mentioned above, a sudden drop in fever on or about the seventh to ninth day.

#### Treatment

A few facts relating to treatment should be presented. The medical treatment largely concerns itself with the relief of symptoms. As this is an infectious disease, the patient should be isolated and strict medical asepsis practiced. Cold fresh air is indicated except in the case of the very old.

There are four strains to the family of the micrococcus lanceolatus. They are called Types I, II, III, IV. Types I and II are the most frequent causes of lobar pneumonia. It has been possible to prepare a serum which is giving good results, particularly with Type I organisms. The administration of

anti-bodies is still in the experimental stage and a very severe reaction frequently follows their administration.

Some physicians are using mercurochrome intravenously. Here again there may be a severe reaction and the nurse must be on the watch for such unfavorable symptoms as chill, headache, etc. Quinine hydrobromide is also given intravenously, as well as by mouth, on the basis that the drug is specific for the pneumococci. If there is any disturbance of hearing or vision the drug is usually promptly stopped. Many physicians are also giving digitalis in large doses, early in the disease, that the effect may be felt when the

heart needs stimulation. If the pulse curve approximates the blood pressure curve, pituitrin may be used to raise the blood pressure. The coughing is relieved by codein or morphine.

Let me summarize in a few words the most important facts to be remembered:

Pneumonia is a self limiting disease, usually caused by one specific organism.

It is an infectious disease and should be isolated as such.

The slogan for you to remember always in nursing pneumonia is this,—spare your patient every physical effort.

Spare his heart muscle, for if he dies it will often be from heart exhaustion and if he lives it will usually be because of preserved heart strength in which you will play no small part.

## The Nursing Care in Pneumonia

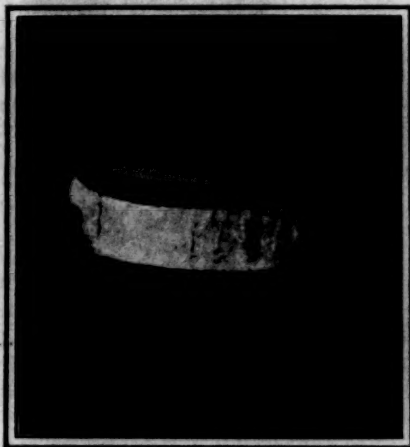
By STELLA GOOSTRAY, R.N.

THE patient with pneumonia is suffering from an infectious disease and this means for us that we shall take as much care in preventing contamination of clean areas and articles as we do in preventing the contamination of a surgical wound. In other words, we are to practice medical asepsis. If the patient is in a ward with other people, he is screened; if he is in the home, we will regard his room as an isolated unit, and we shall hope to find him, when we go to nurse him, in a well ventilated room as near the bath room as possible.

We shall obtain for his use, dishes and a small pan in which they may be taken from his room and boiled; a thermometer in a disinfecting solution; a glass of water for rinsing the thermometer; hot water bottle; a tray containing necessary toilet articles, including small swabs for cleansing the nose and mouth, cold cream or albolene for lips, small pieces of gauze or paper napkins for

wiping the mouth, tongue depressors; and gowns for the nurse and the physician. A paper bag should be pinned to the spring at the head of the bed. Other equipment for special treatments may be obtained as we need it. Just outside the isolated area we shall have a special bag or container for the linen. In this hospital we have a special precaution bag which is placed in a galvanized tin can with the top of the bag cuffed over the edge of the can. When the toilet is to be given, this is placed just outside the isolated area easily available for use. The linen must be so placed in the bag that the top of the bag and the strings are not contaminated. The linen may then be sent to the sterilizing plant in a bag which has not been contaminated on the outside. If the patient is incontinent, the bag is left in the can and is sent to the sterilizing plant, and there is no danger of moisture seeping through the bag. The use of a can such as this

is helpful in the home, since it may be used to carry the linen to the laundry to be boiled, or if the laundering is to be done outside the home, the linen may be immersed in 2 per cent formalin for ten hours before sending it away. We must take this precaution with the linen because of the possibility of secretions from the nose and throat having contaminated it.



A GALVANIZED CAN USED FOR SPECIAL PRECAUTION LINEN

If there is no running water in the room, or when a patient is isolated in a ward, a table should be placed just outside the isolated area on which is paper toweling, and a basin of 2 per cent Lysol solution which should be changed at least three times in twenty-four hours.

A gown should always be worn within the isolated area. The technic for putting on and taking off a special precaution gown is familiar to you. It is a ritual which must be observed in all infectious diseases.

#### To Put on a Gown

1. Remove cuffs and roll the uniform sleeves to the elbow.
2. When the gown has been worn before and is hanging with the contaminated side



THE FIRST STEP IN PUTTING ON A SPECIAL PRECAUTION GOWN

out, bring the hands together and insert them between the edges of the gown near the shoulder while it is hanging on the hook, making sure that the outer side of the gown, which is the contaminated side, does not touch your uniform.

3. Work on the gown and fasten it all the way down the back.

#### To Remove the Gown

1. Unfasten the gown and draw up the sleeves to the elbow. Immerse the hands and wrists in 2 per cent Lysol for one minute, or wash with soap and hot water.
2. Remove the gown by bringing the hands

together and drawing it from one shoulder and then the other, taking care that the clean hands do not touch the contaminated outside of the gown, and that the gown does not touch the floor.

3. Throw forward the neckband and hold the inside sleeve seams together with the left hand. Remove the right hand and insert the top of the right sleeve into the left sleeve, the wrong side of the tops of the sleeves thus being brought together. Remove the left hand. The clean (wrong) side of the gown will be inside, and the contaminated side outside.

4. Hang the gown by both sleeves, so that the neck band will be hanging over the sleeves and the edges of the opening of the gown will be even. One gown must never be hung over another.

5. Immerse the hands in 2 per cent Lysol for one minute. After leaving the isolated area, wash the hands and arms to the elbows with hot water and soap.

If there is running water in the room, it is not necessary to use the Lysol, but the hands and arms should be scrubbed with hot water and soap. The gown should be hung just inside the boundary of the isolated area.

All dishes should be scraped with newspaper and the material wrapped and placed in a receptacle for burning. The dishes may be put in a small enamel bucket and boiled in the same for one-half hour, washed in hot soap-suds and rinsed with clean hot water. All material containing secretions from the nose and throat should be wrapped in newspaper and burned.

We have now prepared an environment for our patient which will enable us adequately to care for him and protect the community. Recall now the picture, which you have had presented today and which you have many times seen, of a patient acutely ill with pneumonia. Eternal vigilance is to be our watchword. We must do for that patient absolutely everything that it is physically possible for us to do in order to conserve his strength. He must be



TAKING OFF GOWN

bathed, lifted on to the bed pan, turned, supported, and fed by the nurse. If he is very weak, give him his liquids with a spoon rather than have him use a drinking tube. No little detail, such as aiding him in removing the sticky expectoration from his mouth, should be considered too small for us to do. Not one single atom of his strength must be used which we can prevent. In order to spare the heart, he should lie with one pillow, if possible, except when the respiratory condition prevents. In that case we shall protect his shoulders with a nightingale and make judicious use of pillows under the back, arms and knees, with a sling to help keep him in position. Every bit of cardiac power must



be conserved. A hot water bottle at his feet will help the circulation, and we will remember every hour to renew the water in the hot water bottle. Likewise we will be certain that the room is sufficiently warm while the patient is being bathed or given any treatment.

If the patient is being kept in the open air, use a wind shield on the bed by placing a blanket lengthwise tightly around the head of the bed having the lower edge several inches below the springs at the back of the bed and the other edge free on the bed. Tuck in securely under the mattress at the sides. Make a fold of three inches on the free edge of the blanket and place it around the head to form a hood. Fasten with a safety pin about the patient's chin. A strip of gauze under the chin will prevent chafing. The surplus amount of blanket is arranged in folds and, if necessary, pinned down. Make sure that the patient is kept warm by means of blankets which give warmth but are not too heavy.

The air passages are already clogged and we shall add to the comfort of our patient by frequently cleansing the nose by the use of a swab. The mouth is dry and the lips cracked, perhaps there is herpes. Here again we can do much for his comfort by keeping the mouth clean by the use of a solution of liquor antiseptics 1:4, or glycerin and lemon juice, or some other mouth wash, and by keeping the lips softened with cold cream or albolene.

During the acute stage our patient will have liquid diet. He must have food which is easily digested and at the same time sufficient fluid to promote the dilution and excretion of toxins. These patients should be given liquid every hour, alternating six to eight ounces of water with a nutritious fluid, such as hot milk, one-half milk and one-half cream, egg nog, fruit juices with albu-

men, gruel, chicken broth with albumen, cocoa and malted milk. The mouth should be cleansed before giving nourishment and one-half hour afterwards, to prevent sordes.

Be on the watch for tympanites which interferes with the heart action as well as with the respirations. If this condition exists, turpentine stupes will no doubt be ordered. Many physicians will order counter-irritation, such as mustard plaster or flaxseed poultice, to relieve congestion in the chest, and strapping with adhesive plaster to relieve the pleural pain.

The bowels should be kept open, if necessary by the use of a daily enema. It will depend on the physician whether cold sponges are ordered to reduce temperature. The cold sponge not only reduces fever, but it stimulates heart action and respiration, lessens toxemia, and improves kidney action.

If it is at all possible, never restrain a delirious pneumonia patient, as the restraint merely increases the restlessness and wastes precious strength. If it is absolutely unavoidable, fold a large sheet lengthwise into three and place it over the patient's body to extend from the axillary region to below the hips. Roll the edges of the sheet around the rod at each side of the bed, draw out the corners of the sheet, and pin through the hem to the springs. If the rods are square, it will not be necessary to pin the sheet to the spring. Care must be taken that the sheet is not too tight and that there is no pressure on the patient's chest.

Because of the danger of sudden collapse and the necessity for stimulation during the "crisis," we should have at hand such drugs as the physician may need,—ampules of camphorated oil, aromatic spirits of ammonia, caffeine, atropin, digalin or whatever preparation of digitalis the physician uses, and a

sterile syringe ready for use. In the hospital, a tank of oxygen is always kept at hand. During the "crisis" apply external heat, give hot drinks, rub the extremities with warm alcohol, and keep the patient absolutely quiet. During convalescence the patient must be carefully watched and not allowed to sit up in bed for long periods of time, owing to the danger of pulmonary

embolus during resolution, or collapse due to weakened heart muscle.

The nurse who is caring for a pneumonia patient, especially one who is being given the cold-air treatment, must be extremely careful of her own health, making sure that she is maintaining her normal body weight and that she is conserving the heat of her body by proper clothing.

## Nina D. Gage, R.N.

**N**INA D. GAGE, President of the International Council of Nurses, is an American, but since 1909 her name has been indissolubly linked with nursing in China. Miss Gage is a graduate of Wellesley College and of the Roosevelt Hospital Training School (New York); she has a Master's degree from Teachers College, and since 1913 has been associated with the Hunan-Yale School of Nursing, a department of the College of Yale in China. Since 1919, Miss Gage has been Dean of this school. Miss Gage is well known in this country through the acquaintanceships formed at Teachers College and her work as Professor of Nursing at the Vassar Camp, 1917-1918, at which time she was on leave of absence from the school in China.

Miss Gage was the first (1912-1914) and doubtless will be the next President of the Nurses' Association of China.

She possesses dignity, charm and a generous philosophy of life. Her paper, "The Adaptation of the Basic Nursing Curriculum to Local Needs," presented at Helsingfors, indicated the breadth and generosity of her thinking and the scholarly quality of her mind. We append two excerpts therefrom. Ameri-



ca and China were greatly honored when Miss Gage was elected President of the International Council of Nurses.

Cora E. Simpson, Secretary of the Nurses' Association of China, writes that Miss Gage was received with great honor on her return to China invested with the dignity of the office of President of the International.

The nurses of China have already appointed some of their committees and are enthusiastically at work on plans for the Congress of 1929.

# Adaptation<sup>1</sup>

BY NINA D. GAGE, R.N.

NOT only the patient in his individual setting in the hospital and home must be studied, but in his larger surroundings, the community. These relations and what we can do to help them, and our own relations to the group, can only be studied by constant intercourse with the members of that group. Scientific and social changes are occurring constantly. We teachers of nursing must not shut ourselves up in the hospital, as it is only too easy to do, but must make daily contacts with life outside. Only so do we know what our actual task is. We never learn life, nor watch the progress of science, from our office or classroom window. Not only present-day life, but past life must be studied to help us evaluate and understand present-day tendencies and possible future developments. History and sociology become tools to help us and our students place ourselves and our tasks in the present world, learn what to avoid and what to stress.

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Each instructor among us must make her own individual applications, translate her principles of teaching on to action by evaluating her own local conditions, judging necessities, and guiding her pupils while they are meeting nursing experiences day by day. The teacher must analyse conditions not only as to activities needed, but as to ideals which should guide these activities and in turn be made by them. She must decide upon the methods which will be most successful in making the pupils adapt and improve upon these ideals for themselves. In

this way each instructor becomes really creative for her own and her students' needs, and does not merely copy others thoughts, as when she slavishly follows the topics of a predetermined curriculum. No outside source can provide a curriculum for us, because "the race" (the curriculum) is our own. It belongs to both teacher and pupil, who together make up the real curriculum, reconstructing it for each individual as found necessary for her special needs and capabilities. Certain definite things she may learn each day, as causes of disease, actions of drugs, etc. But at the same time she learns many other things, liking for her work and her patients, adapting the facts she has learned to her patients' needs, enjoyment of the opportunities for acquaintance with new things, or the exact reverse, liking for the school, hospital, faculty, or its opposite. This is the real curriculum, the facts and skills learned in daily practice and the attitudes toward people and things learned through daily observation of the people around her, and through practice on her part. Only the facts can be laid down in advance. But positive and desirable attitudes and appreciations may be encouraged, and negative ones discouraged, both by example and suggestion, if we as teachers recognize the necessity for constant vigilance and progress in our own part of "the race" (the curriculum). Shall the student study what she needs for her work, or how to "get around the teacher" and escape work, as many of them do if they do not feel the need of what we are trying to give them? We cannot foresee everything that the students will have to meet, nor the bearing of the facts

<sup>1</sup>Presented at the Congress of the International Council of Nurses, July, 1923.

they may learn on their future experience, but we can have a progressive and broad outlook on planning opportunities for the acquisition of facts and the appreciation of attitudes, which shall consider the future as well as the past, so that no one is helplessly bound by old tradition.

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This would require us to keep up not only with the latest scientific discoveries applicable to our work, but with those in general education as well. Some of the present day methods of conducting schools would be very helpful in our

work, others would not adapt. Only by being acquainted with the whole field and comparing and judging means, can we keep our own methods up to date. This branching out determines what our curriculum shall be. It must make our pupils see that with the constant broadening of life's interests and activities, they are always educating and so are better able to give help each time when it is demanded of them, to assist those associated with us, whether patients or not, to grow. In this way we make more real every day our founder's definition of our profession, "helping the patient to live."

## Care of Enema Tubes

BY MARGARET WELSH, R.N.

Wash the enema tube—after using—with cold water, followed by hot water and soap. Boil in a normal salt solution for five minutes. Dry and put in a container. (It is best to keep them

in a long box, so that they need not be curled up.)

The salt prevents the rapid softening of the rubber that ordinarily follows boiling.

## Creative Administration

I question whether any administrator has ever secured the best effort of his associates except as he has had faith in them. All of us respond to the person who is able to see merit in the work that we had not ourselves thought possible because of the faith that some one else has in us. Appreciation of work already done is the foundation upon which the administrator must build his ideal structure. And appreciation must be genuine if it is to produce the desired result. Flattery never helped anyone to do better work. The administrator must have the insight to discover strength wherever it exists and to stimulate the growth of talent little suspected wherever it exists and to stimulate the growth of talent little suspected even by the individual possessing it.

In order to rise above our ordinary level of achievement most of us need to have presented

for our consideration goals which we believe possible of attainment. The counsel of perfection may result in profound discouragement. The wise administrator is constantly setting before the individuals with whom he is associated goals which are not too remote. He proposes upon the basis of his appreciation of work already done and the strength of the individual the achievement which lies just beyond the ideal which the individual has set for himself. It requires rare good judgment to adjust these goals to the varying personalities and abilities of a large group of workers. For one nothing is too great to dare; while for another dark discouragement will result, if the goal is set beyond the achievement which may be thought to be simply the next step in development.—George D. Strayer, "Creative Administration," in *Teachers College Record*, September, 1925.



# Group Nursing

*[These two plans for Group Nursing are offered in the hope of stimulating yet further thinking and experimentation on the extremely important subject of providing skilled service for patients of moderate means without injustice to nurses.—Ed.]*

## I

BY ELEANOR E. HAMILTON, R.N.

**I**N THE frequent discussions arising concerning a decreased cost in the care of the sick in the hospital, group nursing finds a place peculiarly its own. Having had an intimate association with this form of nursing, may I say that it has proved its efficacy and success with the patient, the doctor and the nurse.

In the organization for this service, in this hospital<sup>1</sup>, we set aside a group of ten rooms in a corridor and started the experiment. The nurses were employed by the school of nursing and came immediately under the supervisor of the floor. The supervisor was made responsible for all supplies, transfers of patients and necessary reports. The group nurses kept the charts, made rounds with the physicians, and cared for the patients.

Three nurses were employed, two on day duty and one on night duty. If the entire ten rooms were filled, a temporary fourth and even a fifth nurse was added, at the same salary as is offered the regular nurses. With a fair average of seven patients in this department, the group nursing force proved adequate in the care of the patients.

The prices for this service are as follows: the hospital pays the nurse four dollars per day, plus meals and laundry. The nurses are not housed in the nurses' home. The patient pays the hospital five dollars per day, the extra dollar pays for the laundry and the raw food costs of the nurse.

<sup>1</sup>The E. W. Sparrow Hospital, Lansing, Mich.

This service is more or less elastic; if there is a dearth of patients for group nursing, the nurses have the privilege of having a few days of freedom which is paid for by the hospital. While on duty, we accord the day nurses two hours of relief during the day, one-half day each week, and some part of each Sunday. The night nurse is detailed to night duty for two weeks at a time.

From the standpoint of the patient, we have reason to believe this form of nursing has met with favor. If the patient is not critically ill, he has adequate attention in his routine care, with the added satisfaction of having graduate nurse care. If the patient is very ill, considerable attention is paid to that individual and there is no interruption for class hours, as is common with the student nurse detail. Moreover the expense is decidedly decreased, five dollars per twenty-four hours being much less to finance than twelve or fourteen dollars. The usual salary rate per day for twelve-hour duty for special nursing is six and for twenty-hour duty seven dollars in this community.

We often have a number of sick patients at one time, and we then add the temporary help. While the ratio of nurse to patient may seem low to some administrators, no nursing time is lost by the nursing force by being subtracted for instruction.

From the standpoint of the physician, this form of nursing has proved adequate. He in turn has the consciousness of graduate supervised care for his patient, while he also appreciates an ample service at a lowered cost.

For the nurse herself, there are several points of view; she may not earn

as much as on special duty, but she has a steady position and if she has served a year, she has a month's vacation with pay. She also enjoys a free half day, and some time on Sunday. Her night duty is definite. She also is on very active duty. She sees more than one case and thus has a chance both to review her work and to enter upon any new forms of treatment which from time to time arise.

From the standpoint of the hospital, we feel that we are offering a definite service to all classes of people. For those who prefer, the special private duty nurse finds a place, and for those who need graduate care and yet hesitate because of the increased expense, group nursing has proved itself a worthy service, and for the great class of patients who must be housed in rooms or wards, the hospital opens its doors. It therefore spells a large community service and group nursing has been one of the mediums for that service which has met with success.

The question has arisen as to whether we are detracting opportunities in nursing from the student nurses. The answer readily comes that by decreasing the number of patients to be nursed, the students can give a more concentrated care to those patients to whom they are assigned. Also, our nursing schools have not yet arrived at the place where the service on the floor is not daily interrupted for the lesson in the classroom. With group nursing this does not occur and the service is more continuous. We believe that a group nursing service may entirely replace the former form of placing the student on special duty with the patient, and while we have never employed that form of exploitation of the student nurse, many hospitals have, and a few are still continuing.

This form of nursing offers itself

readily to those graduates who prefer nursing in the hospital, and who for certain reasons prefer either surgical or medical cases to pediatrics, obstetrics or contagion. Although there is no reason why such a service could not be employed on any one of the three classes cited above.

While filling the need for temporary help has been somewhat difficult, yet there has been but little delay experienced in meeting our problems along this line.

In order to place this form of nursing before the physicians, it was first presented to the staff at one of their monthly meetings, later it appeared on a small folder marked Information for Patients, and these folders, with the cost of rooms and all services were placed in the doctors' offices. We endeavored to have the physician sell this form of service to his patients, but we found our office force needed also to introduce the subject to all private-room patients entering the hospital, and in this way many patients were placed on the particular corridor where group nursing was in use.

In larger institutions, this service might prove to be feasible all the year, we have usually dropped it during the summer when our service was light. The hospital has never lost money under this form of nursing, neither has it made money on the service, for the laundry work has its own costs as has also the commissary department.

It appears to us a dignified service for the graduate nurse, and one in which a young graduate may well prove her fitness for the handling of several sick persons, and where the nurse who has been in the field some years may return for an intimate touch with the hospital corps of doctors and nurses and refresh her mind on the newer forms of diagnosis, treatment and medicines. In

this field the nurse finds activity, and with an aptitude in placing that endeavor where she is doing a greater good to a greater number, she cannot fail to add to her store of general knowledge and lend herself to a sphere of great usefulness.

## II

BY SISTER M. DOMITILLA, R.N.

The appellation, group nursing,<sup>1</sup> is an unhappy one because it does not give a correct idea of the system in question, and may indeed give a very erroneous idea of it. However, the writer's distaste for the term abated somewhat on hearing a man inquire at the business office of the hospital if it would be possible to have his wife cared for under the Club System.

Following are the main features of group nursing as carried on at St. Mary's Hospital.<sup>2</sup>

1. One graduate nurse takes care of two patients during the day and another graduate nurse takes care of them during the night.

2. The two patients thus cared for are in adjoining rooms with an intercommunicating passageway; each room has an individual toilet, and there is a bath for the pair of rooms which is located on the passageway.

3. The nurses alternate by the month on day and night duty; that is, one of them is on day duty for one month and on night duty for the next month, and vice versa.

4. The day nurse has two hours off each day if the condition of the patient permits. All nurses have one-half hour off for each meal.

5. When one of the two patients is discharged from the hospital, it is usually possible the same day, to put a new patient in his place.

6. The nurses receive five dollars<sup>3</sup> a day and their meals. The patient pays the hospi-

<sup>1</sup>Bulletin No. VI, spring, 1925, International Council of Nurses.

<sup>2</sup>Rochester, Minnesota.

<sup>3</sup>Since the above was written, nurses doing group nursing receive six dollars per day. Nurses on twelve or twenty-four hour duty (very few do the latter) receive five dollars per day.

tal six dollars and seventy-five cents a day for the nursing service and the nurse's meals, and the hospital in turn pays the nurses.

7. The nurses on group nursing are really institutional workers. A nurse on duty in a given suit of rooms remains on duty there indefinitely; some of our group nurses have been on duty for two years without loss of time except for vacations.

8. The suites for patients in the group nursing system are located together in one section of the hospital and the group nurses are under the direction of a special supervisor.

Group nursing has been in operation in our hospital almost continuously for six years, and from this experience we have found that it affords the following advantages:

1. The patient has the service of a graduate nurse continuously for twenty-four hours and the cost is no greater than for a twenty-four-hour-duty nurse, who must get some period of rest during that time.

2. It eliminates the undesirable practice of having a nurse sleep in the same room with a patient, and the consequent need of supplying a cot, bed linen, etc.

3. It gives the nurse more regular hours of duty, of rest, and of recreation, and it affords her continuous employment.

4. It stabilizes the nursing service and makes for order and regularity in the hospital.

It is imperative that a nurse chosen for Group Nursing be capable of caring for two patients and that she be alert and fired with the spirit of service and good will. The hospital administration must also manage to locate the patients in such a way that one nurse will not have two very sick patients to care for at the same time.

Some local factors that have contributed to the success of Group Nursing in our hospital, are

(a) the suites of rooms specially designed for this system; (b) the heavy registration of patients and the consequent need of economizing the graduate nurse service (the plan was formulated during the war); (c) the cordial and intelligent coöperation of the medical and nursing staffs and the hospital administration; (d) the serious efforts of the administration to make group nursing satisfactory.

## Our Contributors

**Dr. J. C. Doane** is Medical Director of the three municipal hospitals in Philadelphia, and Superintendent of the Philadelphia General Hospital. He is also Instructor in Medicine in the University of Pennsylvania Medical School and Assistant Professor in the Graduate School of Medicine in the same University. He is not only interested in the social and physical well-being of student nurses but in their education and puts it into practice by giving the lectures in Medical Diseases at the Philadelphia General Hospital.

The article on Nursing Pneumonia by **Stella Goostrey, B.S., R.N.**, is characteristically practical. Miss Goostrey is Educational Director of the School of Nursing of the Philadelphia General Hospital and is the author of "Drugs and Solutions for Nurses."

**Alice Fitzgerald, R.N.**, is at her home in Italy. She is especially well known for her work with the League of Red Cross Societies in Europe and for her work in the Philippines.

**Eleanor E. Hamilton, R.N.**, has had an unusually varied experience as an administrator of nursing services. Her work as Director of Nursing at the Miami Valley Hospital, Dayton, Ohio, is especially well known. She is now Superintendent of the Edward W. Sparrow Hospital, Lansing, Michigan.

The article by **Alice Shepard Gilman, R.N.**, shows only a very small part of the work of the New York State Board of Nurse Examiners. So far as we know, the graph showing distribution of nurses indicates the first study of this kind.

After three and one-half years as a relief

worker with the American Friends' Service Committee in Russia, **Anna J. Haines, B.A., R.N.**, who is a graduate of Bryn Mawr ('07) returned to this country to prepare for nursing. She is a graduate of the Philadelphia General Hospital School of Nursing ('23). Miss Haines is now in Russia and writes from first hand observation.

**Stella Ackley, R.N., B.S.**, brings a truly educational point of view to the problem "Is Advertising Ethical?" since she is a graduate of both normal school and college. She was for five years Educational Director of the Mt. Sinai School of Nursing (N. Y.) and is now Director of the Milwaukee County School of Nursing.

**Virginia Chetwood, R.N.**, president of the New Jersey State Association, is Executive Secretary of the Bergen County, N. J., Tuberculosis and Health Association.

It is not true that those who heard **Bertha W. Allen, R.N.**, read her paper at the Louisville meeting of the American Hospital Association will remember only the birthday cake idea. Many of the ideas she continues to develop so wisely at the Newton Hospital, Newton, Mass., of which she is Superintendent, were seized upon with avidity.

**Florence H. Smith, B.S.**, who prepared the article on the Normal Diet for us will be remembered by those who heard her at the meeting of the National League of Nursing Education in Minneapolis last May, and with particular pleasure by those who subsequently visited Rochester and observed the nutrition work in which she is participating at the Mayo Clinic.

*"Give a girl any true work that will make her active in the dawn and weary at night with the consciousness that her fellow creatures have indeed been better for her day, and the powerless sorrow of her enthusiasm will transform itself into a majesty of radiant and beneficent peace."—John Ruskin in "Sesame and Lilies."*



# Supply and Distribution

## *A Study of the Supply and Distribution of Graduate Nursing Service in New York State*

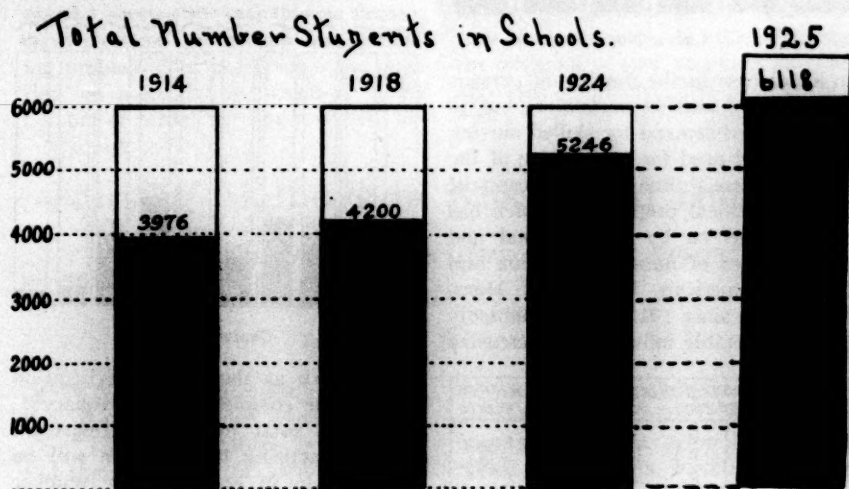
BY ALICE SHEPARD GILMAN, R.N.

**I**N preparing the report of the Board of Nurse Examiners for the past year, seventeen graphs were made from statistics accumulated from the registered nurse schools of this state and other sources.

As space permits but a limited number of these graphs, only those which have a vital bearing upon the growth of nursing service throughout this state will be included in this article.

Graph No. 2 indicates the increase in the number of students entering the registered nurse schools *each* year for the last five years.

Graph No. 3 was prepared from data submitted from one hundred and ten hospitals maintaining registered nurse schools. It can readily be seen that the proportion of student nurses per patient is higher in the small hospitals of the State, a fact contrary to the opinion of



GRAPH No. 1

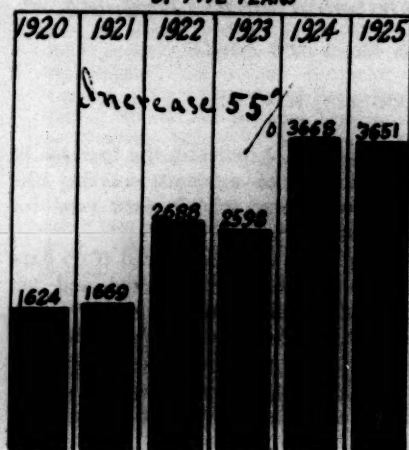
Graph No. 1 indicates the *total number of student nurses* in the registered nurse schools of the State on July 31, 1925, compared with the same dates in 1914, 1918 and 1924, an increase of 2,142 students in eleven years, or an average increase of one hundred and ninety-four per year.

many persons interested in the supply and distribution of nursing service.

Graph No. 4 indicates the proportion of increase in the number of women with higher educational credentials entering the nursing profession.

These facts indicate clearly that any shortage which may exist is due not

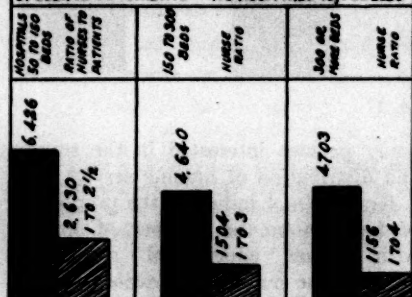
### INCREASE IN NUMBER OF STUDENTS ENTERING NURSE SCHOOLS OVER A PERIOD OF FIVE YEARS



GRAPH No. 2

to a decrease in the number of persons entering the nursing profession, but to the increased demand for skilled nursing service, and need for a wiser use of the student nurse's time by the hospitals. The educational propaganda which has been carried on by the National and state leagues of nursing education and by the American Red Cross Nursing Service, since 1918, has undoubtedly had considerable influence in increasing

### GROUPING OF HOSPITALS ON BED CAPACITY AND RATIO OF STUDENTS TO PATIENTS -- 110 HOSPITALS 18,769 BEDS



GRAPH No. 3

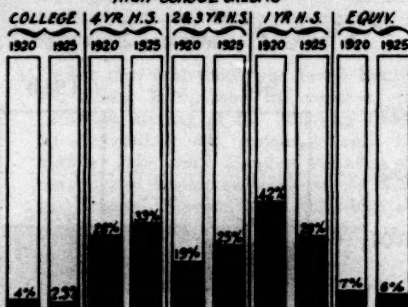
the interest of young women in nursing, particularly those with a better educational background who have chosen nursing as a profession and not as an occupation.

Graph No. 5 shows the value of annual registration in determining the distribution of nursing service in any given locality or state.

These statistics were accumulated by tabulating the population and registered nurse service in every county of New York State.

The 1920 census was used as a basis for this study, because the results of the 1925 census were not available when this graph was made.

### INCREASE IN ADMISSIONS OF STUDENTS WITH ADVANCED HIGH SCHOOL CREDITS

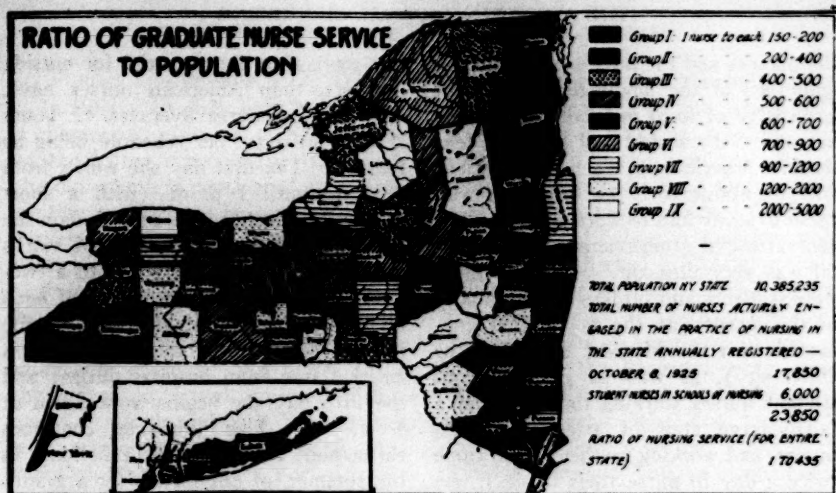


GRAPH No. 4

Inasmuch as the annual registration will not be completed until January 1, 1926, the total number of registered nurses practising in the State will be considerably in excess of the number indicated in the graph.

It is safe to say, however, that the ratio of the graduate nurse service to the population of the State is adequate for its needs, provided some method be devised by which the distribution may be somewhat more equalized.

In counties where there are large cities, sanatoria of different kinds, and where there is wealth, the ratio of



GRAPH No. 5

nursing service is much higher than in rural sections, indicating that the nursing problem does not involve the question of methods by which a larger number of nurses may be provided, but

rather how the number now in the field may be more equally distributed through the adoption of such measures as group and hourly nursing, and a more general use of the district nursing service.

## Nursing Methods in Russia and America

### *A Comparison Between Russian and American Hospital Care of Infants*

BY ANNA J. HAINES, R.N.

ONE OF the greatest benefits that can be gained from travel in foreign countries is the study and comparison of the various technics used in the operations considered essential to modern civilization,—as house building, agriculture, the teaching of children or the care of the sick. My experience during the two months when I worked as a staff nurse in the Medical Section of the Scientific Institute of the Department for the Protection of Motherhood and Infancy in Moscow, has been full of interest because it has given

me just that opportunity to compare the nursing care of infants in a Russian hospital with that given in the Children's Section of a hospital conducted by the City Health Department in Philadelphia, where I worked two years ago. Believing that it would be worth while for the nurses in both countries to know something of each other's work, I am writing this article while the new experiences are still fresh enough in my mind to challenge attention.

First of all I want to say that I was received in the kindest manner by both

the doctors and the nurses, although my ignorance of the language and lack of knowledge of local methods often made me seem very stupid and slow. I fear that in America we are not so patient and hospitable with the foreigners who come to study and to work with us. The general social atmosphere of the hospital was very pleasant. Although there were students and professors continually in the wards (as the hospital is connected with the Medical School of the University), as well as graduate and student nurses working together, and a fairly large staff of attendants, wet-nurses, and working mothers (who came twice a day to nurse their babies), one never heard angry, scolding tones of voice. As if modelled on the name of the institution, the attitude of all persons connected with it seemed to be that of trying to learn scientifically how best to care for sick infants. The professors explained in detail to both medical students and nurses the character, symptoms and probable course of different diseases; internes on night duty asked to be called if the nurses noticed or feared any change in a patient's condition; and the maids who washed the floors and took care of the laundry often made rounds with the doctors and listened to the explanations of the patients' illnesses. Mistakes on the part of nurses or attendants were considered as arising from ignorance only, and were never followed by the stern rebukes that are often administered in well disciplined American hospitals. The whole spirit of the institution was more that of free coöperation among equals for a mutually desired end, than of rules and orders laid down by one set of individuals to be obeyed implicitly by another set.

To some extent this atmosphere was due to the fact that the nurse's hours on duty were less and as a result she

had more time for rest and for outside interests, than American nurses have. The Russian nurse averages 42 hours a week on duty, her schedule being as follows: The first day she works from 9 a. m. until 7 p. m. (with a short recess for lunch); the second day she comes on duty at 7 p. m. and works until 9 a. m. the next day (with a two-hour rest period in the middle of each night); the third day, after 9 a. m. she is free to sleep; the fourth day she is entirely free from hospital duties; and the fifth day she begins work again at 9 a. m. This schedule continues throughout the year with a holiday, in the summer, of one month for a graduate, and two and one-half months for student nurses. The Russian nurse does not usually live at the hospital where she works and her program certainly allows her greater opportunity for outside interests than the usual American hospital standard, of a resident nurse having a daily eight-hour service with two afternoons free in each week and two other free days each month. From the personal hygiene point of view, however, the Russian schedule is very upsetting to those regular habits of sleeping and eating which contribute so much to the nurses' own good health. From the more vital point of care of the patient, it means that on four successive days, four different nurses take care of him. In cases of severe illness this constant change of nurses is not helpful. Nor is the continual shifting of responsibility good for the general routine in the ward; it is a tribute to the Russian sense of coöperation that it does not result in greater disorder.

The more technical points of difference in the actual handling of sick babies may be considered under the following headings:

1. Bathing;
2. Feeding;
3. Nursing Procedures;
4. Ward Regulations.



### Bathing

In Russia the daily bath is considered a therapeutic measure, to be prescribed by the doctor, if necessary. In America the daily bath is considered an essential routine measure, to be omitted only on express order of the physician (as in cases of eczema, etc.). American practice does not approve of the tub bath, however, as infants, and particularly sick infants, so readily contract communicable diseases. We prefer to lay the infant on a pad-protected slab of metal or marble and bathe it completely with washcloth and soap, with water supplied from a spray. For each successive infant the slab is washed and a fresh pad and washcloth are provided. Also, in America, rather more time is spent with the help of applicators and sterile cotton pledgets in cleansing the eyes and the nostrils.

### Feeding

The hours and regularity of feeding infants seem the same in Russia and in America. In the former country, however, much greater effort is made to keep hospitalized infants on breast milk. If the mother has been nursing her baby, she is expected to come from her home or from work twice a day to continue nursing it, and at these times she also leaves expressed milk for the other feedings. Wet-nurses are a regular part of the hospital staff, with living quarters provided for them and regular housemaid duties to perform in addition to supplying breast milk for the patients. More than half of the babies in the Moscow hospital were receiving breast milk and were visibly profiting from it. When the Russian babies were artificially fed, they often received two or three different preparations within each 24 hours, whereas in America it is usual to have the same formula repeated at each feeding. The practice of having

some one always hold the bottles while the infant feeds is better carried out in Russia than in America, possibly owing to the fact that the hospitals there are more generously staffed. Orange juice, now usually a routine part of the diet of non-breast-fed babies in America, seems not to be at all used in Russia, probably because of the very considerable expense it would entail. In place of the sterile water to which American babies are accustomed, the Russians receive from their earliest days, unlimited amounts of sweetened weak tea. The nipples of the nursing bottles are not boiled in the Russian hospitals, but are rinsed before and after each feeding in sterile water and are kept in individual covered jars on the patients' bedside tables. In America the nipples are not kept separate for each patient, but are boiled after each use and placed in a sterile covered container.

### Nursing Procedures

In the giving of enemas in America, the use of a soft rubber catheter connected by tubing with a can containing the fluid ordered, is preferred to the use of a bulb syringe. The latter is less trouble, but with it, it is difficult to regulate the force of the inflow and to prevent air entering the bowel, and the tip of the syringe is apt to irritate the mucous membrane of the intestine if used frequently.

For the taking of temperatures, the American hospitals keep a thermometer tray with a separate thermometer for each infant. Although there was but one thermometer for the whole ward of babies in Moscow, cross infections did not seem to occur.

In Russia it is customary for each patient's medicine to be kept in separate bottles on his own bedside table and administered at no definite hour, the order reading, "morning and

evening" or "three times in twenty-four hours." In America, all medicines, even in an infants' ward, are kept in one locked cupboard, and are brought in medicine glasses to the patient at certain specified hours. Each day the nurse must note when and how much of each medicine has been given.

The collection of blood for Wasserman tests is made usually by the nurses in Russia, the procedure being to pierce the heel of the infant, allow a little blood to flow away, then collect the required amount in a sterile test-tube. In American hospitals the doctors usually collect the blood for this test, by means of a fontenelle puncture.

#### Ward Regulations

Probably the first impression of a visitor comparing the wards in a Russian and an American hospital would be the greater neatness and precision of arrangement in the latter. The beds, chairs, tables, etc., would be in a line of mathematical exactness; the sheets, blankets and upper coverings would be all alike and so arranged as to fit the mattress accurately; linen in the cupboards would be piled carefully; and the bottles and instruments would each have its appointed position. In short, a sort of military precision would be observed, which although perhaps not essential, is nevertheless restful and often time saving in its insistence on standardization and the elimination of confusing variations. This neatness is facilitated by the usual rule that children able to be out of bed must go to a play room or yard. They are not allowed to run about the ward, going from one sick bed to another. While in the ward they must play or sleep on their own beds.

As in Russia, when American parents

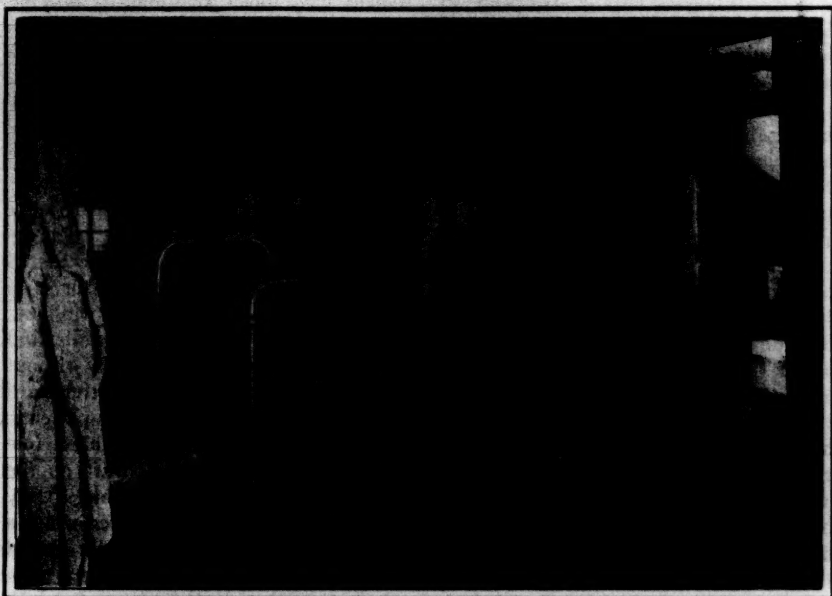
come to see their children they must wear gowns over their street clothing, but even then they are not allowed to take their children into their arms or kiss them. In general this is probably a good rule, but the Russian custom of letting a mother, clad in a hospital gown, carry her child for several hours through the fresh air of the hospital garden, is also certainly good for the child. The Russian practice of taking every baby, except the very weak, out of doors for some time on each clear day might also be copied to advantage in American hospitals.

In general, in making a summary of the comparison between the hospitals in Russia and in America one might say that the latter country has something to learn from the former along the lines of freedom for the individual, of examining its discipline to be sure that it is based on science and not on mere tradition, of doing one's work well because one loves the work and is working with other people who have the same spirit; while Russia has something to learn from America along the lines of orderliness and of technical nursing procedures.

#### Hospitality to Navy Nurses

The *Australasian Nurses' Journal* for August, 1925, contains pictures of the U. S. S. "Relief" and of her nursing staff in uniform at an "At Home" given in their honor. The hospitality lavished on this group of our Navy nurses by the Australasian Trained Nurses' Association was apparently quite in keeping with that extended to yet other nurses in Finland and other countries of Europe. "For two days," says *The Journal*, "work in the office of the A. T. N. A. was entirely suspended whilst tickets were given out" for the inspection of the "Relief" by members of the A. T. N. A.

## Preparation for Teaching at Willard Parker Hospital



NO CHANCE OF OVERCROWDING AT WILLARD PARKER

**A**LL THE world watched the five-day race to Nome with antitoxin," says a far-visioned medical idealist, "but most of those same people fail to realize that many a child in our cities has waited five days for antitoxin which was right around the corner and which arrived too late."

The pity of it is that the delays are not always due to lack of knowledge of parents, sad though that is, but are sometimes due to lack of knowledge on the part of doctors and nurses. "All the world" needs to know that a specific for diphtheria has been found. In that disease the death rate doubles with each twenty-four hours' delay in giving antitoxin; it is therefore of the greatest

importance that some one person be responsible for seeing the patient quickly through the successive stages of suspicion, tentative diagnosis, actual diagnosis, and treatment which so often in diphtheria, as in other communicable diseases, means hospitalization.

Although diphtheria is the most spectacular of the "child killers," the communicable diseases which cause 85 per cent of the deaths of children under five years, more extensive knowledge of the cause and treatment of measles, scarlet and the others is sadly needed.

For the past year the *Journal* has seized every opportunity to bring the exceedingly important subject of communicable disease nursing before its readers. We have had discussions from

Providence (the pioneer in medical asepsis in America), Chicago, Boston and Los Angeles. It is interesting to find the Willard Parker Hospital in New York swinging into line and preparing to teach aseptic technic in the care of communicable diseases to affiliate and postgraduate nurses. Many changes have been made in the organization and structure of the hospital by Dr. S. W. Wynne, the medical director appointed two years ago, in order to bring this about.

A thorough analysis of the needs of the service and the possibilities of the old buildings convinced Doctor Wynne that the situation was too acute to permit of the long wait incident to securing an appropriation, preparing plans, letting contracts, etc. Careful study of the original Willard Parker building, erected in the early eighties, revealed its inadequacy. It is no longer to be used for patients. The seven-story, fireproof diphtheria pavilion of more recent construction, now used to only half its capacity because of the reduced incidence of diphtheria in the city, resulting from the use of toxin antitoxin, was found to have adequate space for a measles service on its upper floors, provided chronic tube cases could be discharged to their homes or cared for elsewhere. Suitable space for isolation and for the chronics was found in the two buildings of "Minturn," the one-time private patients' hospital.

Then began a remodelling that, extensive though it is, is costing the city remarkably small sums, because plans were prepared by the Medical Director himself, hospital labor is being employed, and the essential funds are being secured by savings in other departments and by a fund privately donated. This remodelling makes possible a thorough reorganization of the nursing service.

Walls have been knocked out and

non-essential and out-of-date plumbing removed, to provide light and adequate pantries, utility and chart rooms; solaria have been enclosed to provide additional bed space, wash basins have been provided in the center of each ward.

Old and inconvenient two-bed cubicles have been torn out and the new one-bed cubicles are entirely of steel and glass. They are arranged about the circumference of each ward, their backs being 30 inches from the supporting wall in order to provide access to the windows and radiators, thus permitting workmen to clean the windows, repair the radiators, clean the walls, and do the other necessary work without entering the infected area of the ward and without disturbing the patients. The arrangement also provides free ventilation without direct draft on the patient. By the use of cubicles any possibility of dangerous overcrowding, a seasonal problem in municipally owned institutions, is done away with. Another important advantage of this arrangement is that it makes the control of visitors easier for the nurse. They need not don a gown; they pass behind the cubicle into the non-infected area and are unable to touch the patient. To insure better ventilation in the summer time when cases less infectious, as for example typhoid fever, will be treated, the rear section is made with a sliding glass panel, which, however, can be opened by one initiated. Each cubicle contains one bed and one bedside table with individual equipment, one thermometer shelf with hooks for gowns.

Bed pan sterilizers, utensil sterilizers, cracked ice cabinets and other needed equipment have been provided. A Crescent dishwasher has been provided in each pantry, since a central tray service is not feasible. A tube room has been provided. In other words, the





TUBE ROOM AT WILLARD PARKER HOSPITAL

essential equipment for good nursing service has been installed.

Hand in hand with the reconstruction of the wards goes the reorganization of the nursing service. Teaching units are being established in each of the major services, diphtheria, scarlet, and measles. An important one will be added when the proposed venereal disease service is established.

Mrs. Nellie S. Parks, director of the nursing service, is a woman of wide experience and preparation. She is building up a faculty of competent women who will find joy in creating a teaching service that will add its quota of nurses to those already battling in the fields of private duty and public health nursing against the weakening but still formidable forces of communicable disease.

And lest an impression be given that the pavilions alone are important, a visit to the nurses' residence reveals equally

important changes taking place. Space for a class room and a library has been found. Rooms are being redecorated. Plans for social gatherings are under way. Most important of all, perhaps, is the provision for a physical examination of every nurse, student or graduate, on arrival, in order that no nurse may begin her service with a handicapping susceptibility.

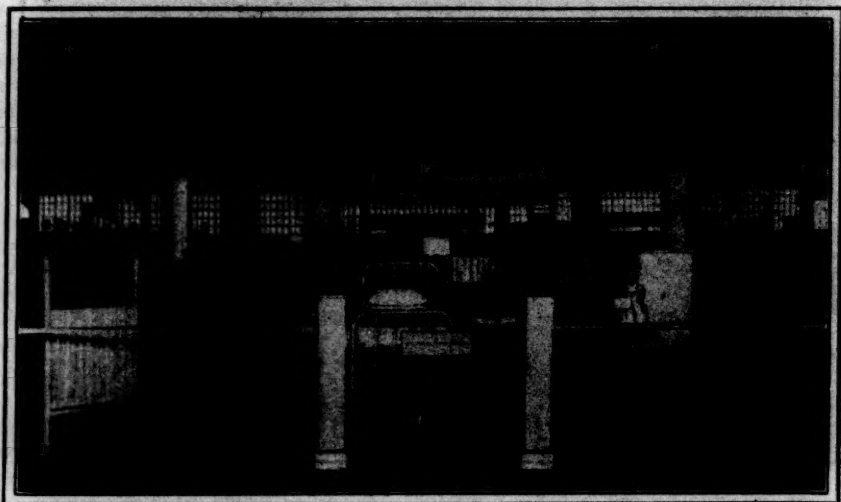
And thus, city by city, institutions by extending their teaching are coöperating with the scientists who, through patient research, are "pushing back the dark" of communicable, and therefore preventable, disease.

#### Have You Tried This?

If soft boiled eggs are permitted a child with a "finicky" appetite, try sketching a face on the shell and topping it with a fool's or other appropriate cap. This idea is capable of many variations that should intrigue a small person.

## Is Advertising Ethical?

By STELLA ACKLEY, R.N., B.Sc.



**T**WENTY-FIVE years ago the answer would have been unhesitatingly, No, but today the pendulum has swung farther toward the Yes side.

The accompanying picture is proof that The Milwaukee County Hospital School of Nursing, one of the County Institutions, at Wauwatosa, Wisconsin, believes in advertising. A booth illustrating An Ideal Sick Room was the scene of three nursing demonstrations every day at the Wisconsin State Fair. A student nurse made a hospital bed with a patient in it. The patient was a small boy, clad in pajamas, and I haven't yet decided whether the large crowds that gathered came to view the procedure or to see him,—the former, I hope.

Two things stand out from the point of view of education: First, our booth was located in the Educational Building with Wisconsin University, Marquette

University, and the W. A. T. A. as neighbors; and second, a large poster, "Nursing Education the Best Preparation for Life," was placed conspicuously in the foreground. It is significant that one night this poster was deposed and tucked behind some debris in another booth. This fact was discovered the next morning after a diligent search had been made. When the Fair crowds began their inspections again, the poster had been restored to its niche. Evidently there was some one who did not agree with the inscription.

At the Detroit convention, each nurse was urged to establish a closer bond between the public, her work and herself. Such an exhibition is one way of interesting the public in hospital situations.

The finances for this propaganda were covered by County funds and the equipment was loaned by the hospital.

# Attractions of Schools in Small Communities<sup>1</sup>

## *What Can the Hospitals in the Smaller Communities Do To Make Their Training Schools Sufficiently Attractive To Compare With the Training Schools of Hospitals in Larger Cities?*

BY BERTHA W. ALLEN, R.N.

THE writer of this paper understands that she was selected for two reasons: — First, because she occupies what is now considered in the nursing world rather a unique position, superintendent of the hospital and at the same time director of the school of nursing. The twofold duties present the problem and the privilege of viewing any situation from two angles. Second, the school in which she is interested is situated in a small community or town, ten miles from a big city in which are located several, at least four, large hospitals used as teaching centers for medical students and whose nursing schools have affiliations with a college. Naturally under those conditions the student nurses also enjoy the privilege of additional laboratory and teaching facilities. Those interested in the small hospital in the isolated community are no doubt saying, "but that is not the same as our problem." No, just a little harder, for the small hospital in the isolated community has a definite area in which to work, without competition, while the small hospital within ten miles of larger institutions has an everlasting problem in rivalry.

What constitutes the smaller community or the smaller hospital and school? The American Hospital Association lists as small hospitals those of two hundred beds and under. As a

basis for discussion then, will be considered a community of not over 45,000, a hospital of 150 beds or less, with a school of 85-90.

The small community hospital has its advantages and disadvantages. Usually it has an advantage in its location. In many instances it is in the country or near country with ample space, eliminating any sense of crowding. The surroundings are usually quiet and beautiful. Hours "off duty" spent among trees and flowers, free from smoke and dust, refresh the mind as well as the body. While "on duty" the nervous strain is not as great as in a hospital surrounded by the confusing roar of the city noises. The personnel enter into the life of the community, the people taking a personal interest in the happenings of the hospital. Much depends upon the person, usually a woman, who is in charge. The director of a small hospital takes care of all who are sick. She in a great measure determines the character of the school. If the activities of the hospital are properly guided, if the environment is cheerful, helpful, all is well and good. If the director is a "boss," if high standards are not upheld, if the hospital is a gossip shop, then the influence for good in the community is lost.

### The Education of the Student

Any hospital, large or small, should have ample facilities for the well rounded education of the pupil nurse.

<sup>1</sup>Read at the Annual Meeting of the American Hospital Association, Louisville, Kentucky, October 21, 1925.

An organization has no right, in the monetary interests of its hospital, to take advantage of the ignorance of young women, enticing them into the school. In many instances the public must still be educated to this viewpoint, and therein the superintendent has a great opportunity for service.

Then if the small hospital expects to keep the ranks of its school full, it must either in its own wards or by affiliation offer an all round experience or at least meet the minimum requirements in the state in which it is located in the following branches:—medical, the small hospital very frequently supplements its lack of material by having its own contagious department; obstetrical, statistics show that any hospital which admits maternity patients at all has a service out of proportion to the others; children, the great problem is to secure sufficient material in pediatrics, tonsil and adenoid work abounds, but one does not need hundreds of such cases; surgical, including operating and accident-room experience; public health or district, such a course is frequently the deciding point in favor of the small school.

If necessary to have one or more affiliations it is very essential for the small school to make certain that the students get what they should in both theory and practice, and not allow them to be exploited by the receiving hospital, which might happen if a particular service were heavy and the hospital anxious to care for its own students.

#### The Personal Equation

The country hospital offers a more economical training because, for the most part, the pupils' amusement may be had with little or no expense. Healthful out-of-door sports, if there is some one to direct them,—such as picnics, swimming, canoeing, tennis, basket and

vollyball, and even golf in the summer time; with skiing, coasting and skating in the winter, furnish the needed recreation. Ward duty in the isolated hospital is pleasanter and oftentimes more instructive, for the patients are chiefly real "cases" to be studied, and not drunks and the scum of a city's slums. The type of care given to patients in a small hospital is a splendid approach to nursing.

The members of the isolated hospital family have a pleasanter group life. The contact with patients, doctors, instructors and supervisors is more personal, making the student feel less like an unimportant cog in a huge machine and more like a helpful member of a coöperative group working for the good of the hospital. Because of this personal contact, the general training is broader, and when finished, the nurse fits into her niche in the world more readily. The students' home life in an isolated hospital is comparable to real home life. The nurses' home is a community center where the group spirit is developed, where real friendships are formed, and the students feel like a large family with common interests.

A young woman applying does not realize all this. It must be disseminated by those who through experience know the graduates. They most likely have not analyzed the facts but there is something which makes the satisfied graduate, when asked for advice, direct the young girl to her Alma Mater.

Statistics, kept for a period, confirmed the supposition that over sixty-five per cent of the students entered a particular school through the influence of its graduates. For years nursing schools have hesitated to advertise, but why should the knowledge of anything which is of value to humanity be hidden? The prospectus or year book can be made very attractive but, after



advertising, a school should be very sure to fulfill its promises and a little more. The best and surest advertisements are contented, satisfied patients who will tell friends and neighbors of the good care received, and doctors pleased with the attention received, personal, and by their patients. Best of all are the graduates; best, because they have the widest influence. Then see that each is satisfied with her experience as a pupil nurse.

The small school has the opportunity to give more individual attention to the student in her third year, in order that she may receive additional instruction or experience in the particular line of work in which she is most interested. The isolated school may shorten the time spent in its hospital thereby allowing the student to take a special course or postgraduate work in a large hospital.

We have heard much of the lack of interns in hospitals large and small, especially the isolated institution, but here again the lack of interns makes it possible, by necessity, for the nurse to gain experience and poise which are of great value when her ingenuity is put to the test as a private duty nurse or as superintendent of a small hospital.

To illustrate the point that the small hospital has advantages, a specific case will be cited. Within fifteen miles of a large city in which are located many hospitals, at least five, each with a bed capacity ranging from three hundred to nine hundred, is a city of 48,000 with a hospital of 177 beds, sixty-six of which are in the contagious department. The daily average number of patients is about 113. The school numbers eighty-five students. The supply of student nurses has always been adequate to maintain that number (the housing facilities do not allow for more), and yet it must compete with the schools of those larger hospitals and with the

opportunities for culture and amusement afforded by the city,—the art museums, library, theater, music and, not to be slighted today, the movies, in the hours off duty. In the small hospital mentioned, what are the compensations? Two comfortable, though not up-to-date, homes. No doubt the majority will agree that a nurses' home need not be luxurious, but it must be clean and comfortable with ordinary privacy and a cheerful atmosphere,—all of which is applicable to these particular homes. As the same type of ward experience, though there may be less of it, can be had in this hospital, in order to attract suitable young women, more attention is given to the students' home-life. Every effort is made to have the student leave the hospital work and atmosphere in the ward. Business is tabooed, even in the dining room. The students are on duty eight hours, whether day or night, but not on regular three-in-twenty-four hour shifts,—the afternoon during the week and the half day on Sunday being preferred. The day nurses report for duty at seven a. m., having previously met in the superintendent's office for short devotional exercises and to receive announcements of unusual interest. The students are never taken to task at this time. Those in charge of wards go to their stations at 6:30; read the night report; make medicine and diet requisitions; report at the office at 6:50; then go to the seven o'clock breakfast. Meanwhile the young nurses have been to the early breakfast, reported at prayers, and are at the ward at seven a. m. During the day, if the exigencies of the hospital allow, each student has four hours off duty, also the night nurses.

#### The Social Director

How is the off-duty time employed? Picture a large living room, with a

library and hall adjoining, a piano at one side and a fireplace in the center. In front of the fireplace, at the appropriate season of the year, a young woman of thirty-five, and it must be the right type of young woman, with her sewing basket, sits. The students, as they come off duty, drop down beside her for a bit of advice or consolation or to pass on to her a funny experience in her day's work. Is that the social director's only duty? Far from it. Not only does she act as a safety valve for the nurses, but she calls on them when they are ill; greets the new students, helping them to get acquainted with each other, and with the shops and churches of the town, encouraging them to affiliate with the latter. On Sundays, the Social Service car is given over to the social director to be used at her discretion in transporting students to and from church. She takes them on sight-seeing tours to historical points of interest, to a newspaper printing office, a mill, a filtration plant or a shoe factory. She has charge of a candy counter, the profits from which are used to help swell the entertainment fund. She unobtrusively directs the editing of the school paper, the name of which is *Scultetus*—the paper of many tales—that it may be bright, witty, and yet never in any way refer to any phase of the work in a manner displeasing to the most fastidious. The Social Director is one of the most important factors in the home life of the students because she can get over to the superintendent of nurses the needs of the Nurses' Home; for the real good, mental, moral and physical, of the students.

The school has a Y.W.C.A. Association, under whose auspices afternoon tea is served from three to five every other Sunday afternoon from October to June. On alternating Sundays, an informal evening service is held, with speaker and

students gathered around the open fire. This particular hospital is much in need of funds for new buildings and the students, eager to do their part in whatever way possible, during the past year varied the Sunday evening program, and instead of the usual religious service invited people of prominence, influence or wealth to speak on the subject in which he or she was most interested, believing in that axiom, that when a person does something for an organization his interest is aroused and held.

#### The Birthday Supper

Once a month, about the fifteenth, a birthday supper is served in the regular dining room. The table is decorated with candles, place cards and flowers. A special supper is served with the crowning feature, a birthday cake, with lighted candles and containing the proverbial thimble, ring and button. All those whose birthdays come within that month are invited to sit at that table, be they Senior, Junior or blue-clad Probationers. Sunday mornings, at nine o'clock, fruit, toast, marmalade and coffee are sent to the Recreation Room, just below the living room, for those who have morning hours off. Picnic suppers in the woods are planned for the night nurses; also hikes in the morning, preparing them for a good day's sleep. In the winter, an occasional sleigh ride, with a drink of hot cocoa in front of the open fire, awaiting them on their return, breaks the monotony.

Four large parties are planned each year, Hallowe'en, Christmas, Valentine and Graduation. Hallowe'en and Valentine are dancing parties to which the young friends, boys, are invited. At Christmas and Graduation an entertainment is given, as older guests, many of whom do not care to dance, are invited,—as trustees, training school committee,

the doctors and their wives. In between, many small parties for rainy nights or special occasions are planned. For these the hospital provides the refreshments, the students raising the funds for the decorations, music, etc.

From the day the pupil enters the hospital on probation, till she retires from active service years after, she is taught that the patient is the first consideration, that if it were not for the patient the hospital and the nurses would not be needed. Yet in the small hospital, the welfare of the nurses must be emphasized. To many, no doubt, it seems overemphasized, but as is the policy in the school in which the writer is interested, so must it be in every small school. It is the belief of the

management that the reason for its high type of students and the existing fact that the school never lacks applicants, is the fulfillment of its policy which is, that if the hospital fulfills its obligations to the students so that they may receive the best in their professional education; if they have a happy instructive home life when off duty, then the result will inevitably be better care of the patients.

The small hospital, then, to compete with the large hospital must emphasize the nurse and her welfare. If this plan is carried out, then without question the small hospital in the isolated community, or the one competing with the large hospital in the near-by city, will not lack suitable applicants.

## "My Profession"

By VIRGINIA M. CHETWOOD, R.N.

**N**URSING is my profession—mine because I entered it voluntarily, believing it to be the noblest of professions, and taking upon myself the Florence Nightingale vow to uphold its principles with all honor.

It is *my* Profession—not that of the officers of any alumnae, district, state or national organization—but *mine*, and the possessive pronoun "*my*" always involves responsibilities.

Since nursing is "*my* profession," I will do my part towards its advancement in all its branches. I will join and support my alumnae association, which makes me a member of my district, and state association, and through which I am numbered with the great army of fellow nurses that constitutes the American Nurses' Association.

Since nursing is *my* profession, I will endeavor to increase the membership

<sup>1</sup>Adapted from "My Church," by Bishop Oldham, read as part of the President's address at the New Jersey State Nurses' Association, Nov. 6, 1925.

JANUARY, 1926

of my alumnae, district and state association, and to urge attendance at the meetings; to undertake and persuade others to accept office and service and to discharge the same with the utmost of ability.

Since nursing is *my* profession, I will endeavor to do my part financially, realizing the important part nursing must take in the world's work—in the fight against disease and the saving of human life.

Since nursing is *my* profession, I will magnify its reputation and will allow no criticism to go unchallenged—and will be careful to make none myself. I will be zealous for *my* profession's reputation and jealous of her honor.

Since nursing is *my* profession, I will strive to be an asset and not a liability. I will endeavor to realize that as an army is composed of privates as well as officers—the strength of *my* profession depends upon the loyal and hearty cooperation of every member in it.

# Congratulations to Italian Nurses

BY ALICE FITZGERALD, R.N.

THE nursing profession of Italy is rejoicing over the recent announcement that the law creating a "State or Government Diploma of Nursing" has been voted and goes into effect at once. This is the result of the persistent efforts of a small group of doctors, hygienists, educators and friends of nursing who succeeded in the end in interesting M. Mussolini in the matter, and thanks to this important protector of the cause, the legislators were prevented from again postponing the vote which meant so much to the profession.

Nine training schools for nurses have been granted the diploma: three are in Rome, the others in Genoa, Naples Venice, Trieste, Turin and Milan. These schools are representative of the Red Cross, of the Municipalities, and of private enterprises.

The establishment of this "State Diploma" will result in the standardization of the nurses' training, of the qualifications for admission to the schools, and will only be granted to those schools which provide a residence for their pupils, thus doing away with the much abused system of "externs." It is hard for the nurses of English-speaking countries to understand and appreciate the great importance of such a diploma because they have never felt the need for one, but in countries where tradition is a drawback instead of a help, it is evident that improvement and progress must depend upon sterner measures than the backing of individuals or groups.

Whether a government diploma is the best permanent arrangement or not remains to be seen, but at this stage

of development, in France as well as in Italy, it undoubtedly is the one great factor making for steady progress in the profession.

Those interested in nursing in Italy are hoping to see the schools of the religious orders included in the list of recognized schools before long. This would be the natural sequence in the order of things, in a country where the religious orders have always played an important part in caring for the sick, and where they will undoubtedly continue to do so. The fact that these orders have recognized the necessity for a better training for their nursing Sisters by establishing, or planning to establish, their own schools points to their continued activities in the work, in answer to the general demand for more and better nursing.

As the schools of the religious orders do not admit lay women, it is evident that schools for the latter will inevitably play an important role in the future history of Italian nursing. Whatever the years to come may hold in store for them, it will always be a source of pride for these lay schools to have been the first recipients of the "State Diploma."

## Smallpox

In 83 large cities of the United States smallpox caused 15,574 cases of illness and 513 deaths during the year 1924. These could have been prevented by vaccination and revaccination. The case rate for smallpox in 1924 (50 cases per 100,000 population) was almost three times the rate for 1923 (18 per 100,000), and the death rate (1.65 per 100,000) was the highest recorded for the large cities in the present series of reports, which was started in 1912.—U. S. Public Health Service Bulletin.



# The Normal Diet

## Including a Diet Score Card

BY FLORENCE H. SMITH, B.S.

**I** DO NOT like medical nursing because of the diet work, so I usually register for surgical cases."

Such is the drift of the conversation in the diet kitchen each day as the graduate nurses come with the ever-troublesome question: "What shall I feed my patient?" Hospitals with well-organized departments of nutrition are able to answer this question for the graduate nurse, and the patient's diet is planned for her while she is employed in the hospital. But many patients needing therapeutic diets cannot afford hospital care, and few patients indeed can afford the services of both a nurse and dietitian in the home. Therefore there is a steadily increasing demand on the part of the physician for nurses trained to plan and serve therapeutic diets.

Special training in diet therapy will not make a cook nor a dietitian of a nurse, but it will make her services invaluable in caring for medical patients. The opportunities and influence of the nurse as an educator are equal to those of almost any group.

Let me quote "Some Thoughts on Medical Nursing," by a graduate nurse:

The period of hospitalization should mean more to the medical patient than a series of repeated tests and examinations. It should be made a time of enlightenment and encouragement. The work is not so simple a process as "cutting out" the offending member, but must rather be a persevering endeavor to make the crippled or damaged member again function normally. In this work of treatment and education the medical nurse works hand in hand with the doctor. First of all, the cooperation of the patient must be won, otherwise success cannot be attained. All

unfavorable and harmful impressions that the patient may be laboring under must be dispelled. The formation of correct ideas and habits must be encouraged, and assistance as far as possible must be given to enable the patient to make any necessary readjustments in his mode of life.

*Let us master a few fundamental principles underlying normal nutrition and knowing these, let us read widely, and from the best authorities before accepting new and startling findings as facts.*

The seeming fickleness on the part of the medical man who is constantly changing the details of his dietary procedure to meet the individual requirement of the patient, becomes less confusing if the nurse has in mind the general principles of the normal diet which the physician is modifying.

*It would be as hopeless to write one diet and expect it to meet the needs of all patients as it would be hopeless for a tailor to have one pattern, and cutting all coats over this pattern, expect them to fit his individual customers without alteration. But all coats have something in common, so that a tailor, master of his trade, may make garments to conform to the changing styles each year.*

The same principles apply to diet therapy. The nurse with a foundation of normal diet standards, food values, and diet calculation, finds the adjustment of a therapeutic diet to the patient under the direction of a physician a task of unusual interest.

*The first requirement of the normal diet is that it shall contain sufficient calories to maintain normal weight. In discussing foods and diet therapy we*

should learn to speak and think in terms of food values. When we all recognize the importance of food in the development of the individual we will study food values as industriously as we now study money values. We need to become acquainted with the language of the food chemist and apply it to our three meals a day.

*The careful weighing or measuring of food is of the utmost importance in dietary treatment.* The metric system has been adopted for weighing food because of its convenience. The density of liquids used for food varies so little that liquids may either be weighed or measured, using 1 gram as equivalent to 1 cubic centimeter. Convenient and accurate scales are on the market. A child may be taught to use them.

Food furnishes energy to do work and heat to keep the body warm. Food furnishes building material for the muscles, bones, and body fluids. *There are three classes of foods: carbohydrates, proteins, and fats.* Carbohydrates and fats are sources of heat and energy. Proteins supply building material for the body. Sugars and starches are practically pure carbohydrates. Cereals and breads are largely carbohydrate in the form of starch. Gelatine and dried egg white are practically pure protein. Meat, eggs, cheese and milk also contain protein in combination with varying amounts of carbohydrate and fats. Salad oils of all kinds are practically pure fat. Butter, mayonnaise and the cooked fats of meat contain a high percentage of fat.

*The energy or fuel value of food is measured by the heat unit called the calorie.* A calorie is the amount of heat necessary to raise the temperature of 1,000 grams of water 1 degree Centigrade. The caloric value of food is determined by measuring the increase in the amount of heat given off from the

body after eating a known quantity of the food in question.

One gram of carbohydrate yields 4 calories of heat.

One gram of protein yields 4 calories of heat.

One gram of fat yields 9 calories of heat.

A dairyman once gave me an optimal ratio for the carbohydrate and protein in the diet for his cows. He weighs the grain for them carefully, yet he was quite amused when questioned about the optimal ration for his own diet. How many mothers responsible for the feeding of their families know food values and diet adjustment? Are we prepared to direct their efforts to follow the physician's advice?

We have said that the first requirement in the diet shall be sufficient calories to maintain the body at normal weight. When the patient is in the hospital it is a relatively simple matter to get an estimate of the number of calories in his diet. *In order to calculate the caloric intake of an individual it is necessary to know the kind and composition of the food served, and the amount of food eaten.* With this information and a table of food values at hand, the person responsible for calculating the fuel value of the diet is ready for work.

Outside the hospital the task is more difficult unless the diet is served in standard portions and the patient has been taught some of the fundamentals of food values. For example, the underweight patient who has been urged to eat will invariably insist that she "eats a lot," while the overweight patient when advised to reduce her calories will tell you just as emphatically that she "scarcely eats anything." Yet those of us who have weighed and calculated diets know that it is the exception for an underweight patient to be eating a

normal diet and that it is just as true, usually, that an excess of food makes us fat.

For this reason, it is often necessary for the nurse in the home to teach the patient to calculate the food value of his own diet, thus winning his intelligent coöperation and safeguarding him against the advice of well-meaning friends. It is the principles of the normal diet in which we are interested in this paper, for the calculating of the total grams of carbohydrate, protein and fat in the food eaten by the patient is a simple process that can be mastered in a few hours spent with the text and reference books which are now available.<sup>1</sup>

*With the question of calories given first place in the diet normal, the next point to watch is the amount of protein in the diet.* We know from our study of foods that each class of foods has a particular function to perform. Carbohydrates (or starches and sugars) furnish heat to the body. Fat also furnishes heat, but on account of its chemical composition it produces  $2\frac{1}{4}$  times more heat in the body than does carbohydrate food. Protein, which we find plentifully in meat, eggs, cheese and so forth, has the same fuel value as carbohydrate. But the matter of diet adjustment is complicated by the fact that food has other functions than to produce heat or energy. Body tissues must be built and repaired. Protein is the only class of food which supplies the proper elements for the building of body tissues. Therefore, in writing a diet we will take care to supply a sufficient amount of adequate protein. There are very accurate laboratory

methods for determining the amounts of protein required in the diet of the individual, but these methods are not available to all. A safe test for an adequate amount of protein is a satisfactory growth and the maintenance of normal weight. A few minutes' study of any table of food composition will enable us to select that type of protein food which is most acceptable to our patients. For example, a diet need not contain meat in order to have an adequate protein supply. The vegetarian's diet permits the use of eggs, milk, and cheese, all of which are rich in protein of the right composition for body use.

*The normal diet should maintain a balance between its various food elements.* The individual should be temperate in all food habits. Excessive amounts whether of carbohydrate, protein or fat are to be avoided.

The remaining factors necessary to the normal diet may be considered in any order one desires. *It has always seemed logical to consider next the question of sufficient bulk or residue in the diet,* because with sufficient residue supplied by fruits and vegetables, we find the remaining necessary factors usually adequate. For the normal individual, the bulk in the diet is sufficient only when it contains enough non-digestible residue to form a normal bowel movement daily.

It is necessary to encourage these patients to wait a sufficient time for a normal bowel movement to form before declaring the diet a failure. The food taken on any single day should normally furnish the material for the bowel movement of the third or fourth day. If the patient follows the diet consistently, he will find that after a time he can safely reduce the quantity of bulk if it still seems a burden. We hesitate to advise this, ever, unless the bowels move too frequently and the stools

<sup>1</sup>Feeding the Family, Mary S. Rose. American Food Products, Bulletin No. 28, U. S. Department of Agriculture, Washington, D. C. Food Values, Edwin A. Locke. Laboratory Handbook for Dietetics, Mary S. Rose.

become mushy or liquid, because of the valuable qualities, other than bulk, which a diet rich in fruit and vegetables affords. By no means do we favor the omission of other necessary factors, as eggs, milk, meat and so forth.

*The mineral content of the diet should be sufficient.* Perhaps this is the best argument in favor of the use of fruits and vegetables in the diet. A diet containing fruit and vegetables enough to produce residue to avoid constipation, plus protein for normal growth and additional fuel foods to produce normal weight, will surely furnish an adequate supply of mineral salts.

*There should be a sufficient amount of vitamins in the diet.* We read in scientific magazines, in popular magazines, and in the street cars, of the value of this food accessory, the vitamin, but because this very important work has been thus widely advertised, we are apt to look upon it as a fad or passing fancy. This is not the case, because these dietary factors play an important part in the life of the individual and the development of the race. We hear them over-emphasized right now, because they are comparatively new. We are especially fortunate in living in a country where there is a wide variety of fruits and vegetables and dairy products available. We find evidence of vitamin deficiency developing in locations where a choice of food supplies is limited, or in individual cases, where through lack of education in proper food habits, the patient has limited himself to a very narrow variety of foods. A diet containing eggs, butter, milk, vegetables and fruits is the safeguard needed against vitamin deficiencies. Much of the routine drudgery of planning and calculating the diet for a patient day after day is eliminated if a standard system of diet calculation is employed.

#### A Foundation Diet

In the Division of Medicine of the Mayo Clinic at St. Mary's Hospital, we are using a foundation diet containing eight servings (800 grams) of fruits and vegetables, three slices of bread (100 grams) and one serving of cereal (20 grams dry weight), as a basis upon which to build a normal diet. Such a basis contains approximately 20 grams of protein with varying amounts of carbohydrate and fat. To this basis are added foods containing carbohydrate, protein and fat to meet the normal requirement of the individual. When writing a diet, it is convenient to complete the carbohydrate allowance first, as many carbohydrate foods contain protein and fat as well. After the carbohydrate allowance has been distributed into foods for the three meals, the protein allowance should be completed. Meat, eggs, cheese, etc., rich in proteins do not contain carbohydrates. Therefore the carbohydrate allowance will not be disturbed. When the protein allowance is complete, the fat may be adjusted by the addition of butter, and mayonnaise or other fats which contain no carbohydrates or proteins.

It is interesting to note that patients coming to the hospital, constipated, are astonished at the amount of fruits and vegetables that they are expected to eat, while patients who have been eating fruits and vegetables enough to produce a normal bowel movement, do not find the hospital diet unusual. Careful calculation shows that diets planned on this basis contain mineral salts sufficient for normal growth. No study has been made of the vitamin content of these diets, because no evidence of vitamin deficiency has been noted. Our conclusions are that where vegetables and fruits are used in sufficient amounts to provide a normal amount of residue, a deficiency of minerals and vitamins



seems improbable. A system permitting the patient to select from a menu card a diet to fill all the above requirements is not satisfactory. A well-trained patient may be able to select from a general menu, foods which will meet his individual needs, but the average patient, untrained in food values, needs from one to three weeks of careful dietetic training to enable him to do this with any degree of accuracy.

To summarize and teach normal diet standards, and to give the nurse a working basis for diet therapy, is one function of the dietitian. When a housewife takes a loaf of bread to the county fair, she submits it to the association, knowing that it will be scored and credited according to the standards accepted by the Association. So the nurse knowing the diet standards prescribed by the physician ordering the diet, will find a

normal diet score card useful in helping her to plan diets which will win the prize of health for her patient.

#### A Diet Score Card

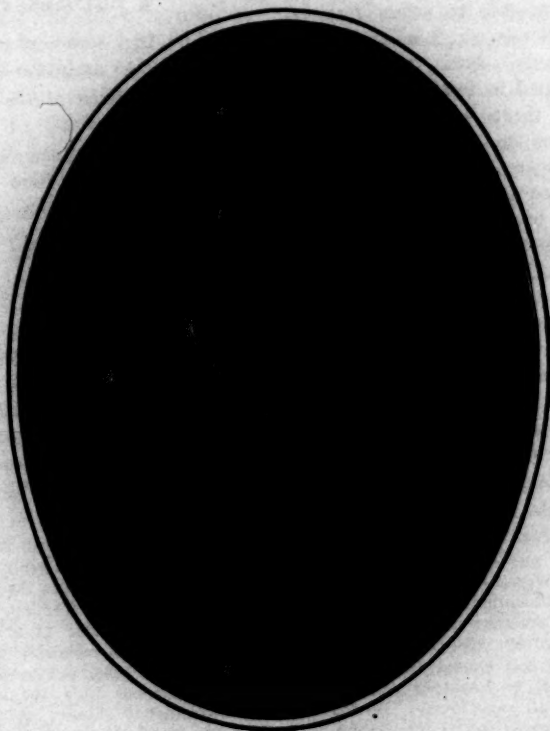
1. The fuel value of the diet must be sufficient to maintain normal weight.
2. The proteins of the diet must be adequate for growth.
3. A careful balance should be maintained between the food elements.
4. The residue or bulk of the diet should be sufficient to produce a normal bowel movement.
5. The mineral salts should be sufficient for body needs.
6. The diet should contain an abundant supply of vitamins.
7. The food served must be palatable, available and suitable to the dietary habits of the individual.

#### Nursing in France

There are now in France 52 recognized schools preparing students for the State Examinations. "Such examinations as already have been held," says Mlle. Chaptal, "give excellent proof of a good standard of education." Mlle. de Joannis, Inspector of Schools, writes as follows of some of her experiences: "Our visit to Bordeaux was extremely interesting. The evening of our arrival Doctor Hamilton asked when we were going out to see her, and the next day we went to Bagatelle. The weather was perfect and truly the hospital and its surroundings are all very lovely. Doctor Hamilton immediately showed us the buildings of which there is already one pavilion which is finished and the foundations of a second. She is hoping that the new hospital will be functioning in eighteen months. It will certainly be at that time a perfect organization for the complete preparation of nurses; for the instructing of visiting nurses for both tuberculosis and children's work is already organized and there is an excellent supervisor in the tuberculosis dispensary who had a course in America. . . . The State Examinations for hospital nurses were very interesting. There were seven Sisters of St. Vincent de Paul, fifteen students from l'Hopital de Tondou (these two groups are employed in the civil hospitals), two students of Doctor Hamilton's and one Red Cross Nurse. The practical examinations at the bedside were very dignified and Dr. Hamilton was certainly made very happy in realizing the progress which had been made in the last year. The Sisters have taken the course in Obstetrics which up to this time they had not had and one of them made the highest mark in the theoretical examination. It is truly most encouraging and interesting to realize how these examinations for the state diploma are giving new stimulus to our profession and these trips of inspection are always most instructive and full of interest to me. Next week at the State Examinations in Paris the rue Amyot School is presenting nine students."

*L'Infirmière Française* is the official magazine of the Association of French Registered Nurses. Major Julia Stimson, U. S. Army Nurse Corps, will be glad to place subscriptions for those who may care to send her \$1.00 the subscription price.

## *Who's Who in the Nursing World*



LIV. MARY A. MORAN

**BIRTHPLACE:** Elmira, N. Y. **PARENTAGE:** Irish. **PRELIMINARY EDUCATION:** Public schools and Elmira Free Academy. **PROFESSIONAL EDUCATION:** Philadelphia General Hospital, class of 1899, first honor. **POSITIONS HELD:** Head nurse in Philadelphia General Hospital, three years; Superintendent South Mississippi Infirmary, Hattiesburg, two months; Superintendent of hospital and of nurses, University Hospital, Augusta, Georgia, thirteen years; Director Red

Cross Instruction, Delaware Chapter, American Red Cross, seven years. **PRESENT POSITION:** Superintendent of Nurses, St. Luke's Homeopathic Hospital, Philadelphia, Pa. **AUTHOR OF:** Several papers on nursing education. **OFFICES HELD:** Sec., Board of Examiners for Registered Nurses, State of Delaware, 1918-1925; Pres., Delaware State Assn. of Graduate Nurses, six years; honorary member Georgia State Assn. **HOME ADDRESS:** 1313 Clayton St., Wilmington, Del.

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## EDITORIALS

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### The Journal in 1926

THE accomplishments of 1926 must inevitably be built upon the thinking and the activities of 1925 and on all the years that have slipped into eternity. This is particularly true this year of our magazine, *The American Journal of Nursing*. Conceived in the minds of our great pioneers, brought forth in faith and hope, twenty-five years ago, by dint of much anxious thought and gruelling effort, it reached its professional maturity under the leadership of Miss Palmer.

With the *Journal's* twenty-fifth birthday came the desire to honor those responsible for launching our official magazine by increasing its usefulness. Those dauntless women dreamed of a magazine that would serve all nurses and our subscription files indicated that we were falling far short of that ideal. We took you, our readers, into our confidence and the spirit with which you have sought and are still seeking out non-subscribing nurses has been a glorious experience for the editors. While you have been working, we have not been idle. The magazine has been subjected to most careful and critical analysis. Many typographical changes have been made, in order that you may read with ease the excellent material we are planning for you.

The dark green cover has clothed an old and tried friend. To those who love it for old time's sake, the new cover will at first seem strange, but it, too, clothes a friend. It has many virtues, and by its very freshness it will appeal to weary minds. All plans have been made with just two thoughts—that of keeping the magazine what it has always been, a truly professional journal of

nursing, and that of making it as attractive and as easily read as possible with the means at our command. The changes are the result of the affectionate and careful thought of the Board and the Editors during many months.

The program for the year places particular emphasis on Pediatrics and Nutrition and we have a wealth of interesting material in other fields in preparation for you. The plan is flexible and the editors are always open to suggestion. There is a healthy and friendly rivalry among nurses and schools for a "place in the sun" in the pages of our *Journal*. In the hands of our readers therefore, we shall place each month in 1926, an attractive magazine freighted with sound professional material and animated we hope by that spirit of service which is the glowing and imperishable heritage of all true followers of Florence Nightingale and that long line of matrons, deaconesses, monks and nuns who preceded her.

### The "A.N.A." in 1926

AS WE approach the new year, 1926, it presents to us many problems and much hope.

The requests coming to the American Nurses' Association from different organizations asking that we make studies of various subjects, added to the natural advances and continuation of plans made during the preceding years, or since the increase of dues has made a constructive program possible, will make it necessary to decide just which of these plans shall be carried out this year. The meeting of the International Council of Nurses, too, has brought more responsibilities and pointed the way to still greater usefulness.

In September, 1925, the American

Nurses' Association added to its staff a publicity secretary. This was with the hope that some one familiar with writing and publicity methods could carry over to the profession and to the general public the aims and achievements of our nursing organizations. The putting into the field of two field secretaries to help those states needing such help, to bring to the individual nurses, as well as to groups of nurses, their privileges and responsibilities both to their community and to the profession, has already been productive of great good.

The grading program for the schools of nursing, in which the American Nurses' Association is taking part, and to which it has contributed five thousand dollars this year, is but the beginning of a piece of work which, once begun, can never be abandoned.

The establishment of a headquarters in the various states will not lessen the work of the National Headquarters, but will greatly increase it.

The gathering together of the historical facts relating to the progress of nursing in each state is bringing home to the nurses of that state a greater vision for the future in view of what has been achieved in the past. If for no other reason than for its value as an historical center, our National Nursing Headquarters as a repository for information from all the states, as well as from foreign countries is proving of inestimable benefit.

In the immediate future there are presented to us several concrete surveys for which there is a general demand; that is, a survey of private duty nursing in the interests not only of the nursing profession, but of the community at large. While this can be done in many states through their own headquarters, that these facts may be made available and applicable through-

out all the states will need our National Headquarters, and in many of the States will need National assistance, probably both in personnel and in funds.

With over one hundred thousand nurses registered in our different states, the National Association has a problem in increasing its membership so that every nurse shall have the assistance and backing of her national association, and that the association shall have the support of all of the profession.

We shall continue to issue from Headquarters our *ANagrams*. In the coming year revisions of the list of accredited schools and the comparative digest of state laws will be issued.

Our participation in the work of the Woman's Joint Congressional Committee makes it important that the nurses or the country be intelligently informed as to the bills before Congress and the support that shall be given to these bills by the American Nurses' Association. A legislative secretary may become a necessary part of the personnel of the organization.

International Headquarters has been established at Geneva, Switzerland, where Miss Reimann is already at work collecting information regarding nursing in all countries; not only those connected with the International, but those which we hope will soon be able to be members.

The International Council of Nurses expects to issue a bulletin four times a year, and it is hoped that many subscribers from this country will help to put it on a sound financial basis. A list of the approved schools in the various countries will also be issued, and from time to time pamphlets on nursing in the various countries; that of Denmark is already prepared.

This brings us to the question of dues to the International Council and



how these are to be met. which is another of the problems which will be presented to the nurses at the Atlantic City meeting for which extensive plans are now under way.

Requests are coming in for a more aggressive campaign for legislation in an effort to equalize the requirements in the various states. It will be remembered that the Legislative Committee drew up a model law, which was adopted by the Association at the Detroit meeting.

We are now living on a budget system with a very careful system of book-keeping, and with all the activities and business of the American Nurses' Association brought together at Headquarters. Much credit is due for the systematizing of this work to the Director at Headquarters and to the Chairman of the Headquarters Committee.

It is not difficult, if we review the progress made in the last four years and see the ever-ready response of the nurses to appeals for help in developing a broader program, to see that the coming years will develop the members of the profession to a greater responsibility and to a greater interest in the part they have to play in the health program for the country.

ADDA ELDRIDGE.

#### League Aspirations

THE beginning of a new year challenges every one of us to a review of the accomplishments and failures of the year just past, and the opportunity to start again with a clean slate, higher aspirations, and the hope of greater successes in the year to come.

The progress made by the National League of Nursing Education in the last few years does not need to be reviewed for readers of the *Journal*. Its achievements and aspirations are known

the country over, for it is an organization no longer in its infancy, but grown to maturity and meeting its life's problems in courageous fashion. To maintain and increase its strength and vigor, constant nourishment and replenishing are necessary, hence in the last two years it has undergone reorganization which is not yet completed. In accordance with the new plan, State Leagues are rapidly being formed, the active members becoming individual members of the National League. This has already increased the strength of the League, and brought many more workers and many more active minds to bear upon the solution of its vital problems.

Neither do readers of the *Journal* need to be told of that other great piece of unfinished work, the plan for the grading of schools of nursing. For many years the air has been full of rumors, committees have been deliberating and plans have been held in abeyance anticipating the reports of other investigators.

During the past year these plans have crystalized in the formation of a permanent Grading Committee, composed not alone of representatives from the three National Nursing Organizations, but with representation from other interested organizations: namely, The American Medical Association, The American Hospital Association, The American College of Surgeons, and representatives also from the educational field. This is an ambitious and expensive project, but no less capable of accomplishment than many of the earlier difficult tasks of this Organization, which has ever held as its ultimate goal, the safeguarding of the care of the sick, in hospitals and in homes, and the prevention of disease.

The great success of the American College of Surgeons in grading hospitals

not only points the way, but should help to open wide the doors of many a hospital maintaining a school of nursing to participate in the plan, since the ideals are the same, and the aim, the safeguarding of the care of the sick.

Stretching away into the distance, one knows a long motor road which has no turnings. It covers its distance by steep grades, up hill and down dale. On either side of the road are glimpses of beautiful country, fine farms, tiny lakes and streams, comfortable homes, and distant glimpses of the sea. As one comes over the brow of a hill and descends into the valley, the path up the next hill is seen rising to the sky, and apparently impossible to climb, so steep it is. Yet as one starts the ascent, it does not seem steep. With the gradual climb the road seems to flatten out before one and that which seemed so difficult is easily made and the top soon reached, only to descend again into the next valley and to climb again the next hill, with a little slower speed, perhaps, but always reaching the top in safety, while enjoying the beautiful country on either side of the way and the lovely views from the hilltops.

The road is now open, stretching away in the distance, for the Grading plan. There will be many high hills to climb and many steep descents to make. May we not hope that the difficulties which appear insurmountable will flatten out with the climb to success, and that there will be cheer on the way through the glimpses on the sides of the road, of individual accomplishments, and progress; through the special beauties of individual pieces of work; by inspiration from groups of newly interested workers; by glimpses from the hilltops of possible future progress; and the path will not seem too difficult nor the ascent too steep. At the end of the road is the goal, the school of nurs-

ing with basic methods in organization and equipment, built on the best traditions in nursing history, utilizing the best which modern education and science can contribute to the preparation of the nurse for care of the sick and the teaching of health.

Even this will not be the ultimate goal, but only the starting point from which further progress may begin, or perhaps serve as the hilltop affording a new and lovely view for some of the workers who have gained inspiration during the journey.

CARRIE M. HALL.

#### The Middle Atlantic Meeting

PROBABLY the first thing every nurse who attended the meeting of the Middle Atlantic Division of the American Nurses' Association reported on returning home was "Mrs. Coolidge received us." It was a vibrant occasion. Cold indeed would be the American who could fail to thrill to a first experience of White House hospitality as expressed by our present charming "First Lady" whose hand-clasp and smiling "I am glad to see you" bear the stamp of gracious truth. Shining is the memory of that erect and dainty figure, supported on either side by officers in dress uniform, receiving the long line of nurses as it passed before her. Especially interested in the simple dignity of the White House as contrasted with foreign palaces were those of the company who had so recently visited Finland and other countries of Europe.

Never was there a friendlier meeting based on careful planning, a good program, live discussion and the fortunate absence of prolonged business sessions. A lack of the usual strain and tension of large meetings was very noticeable and it is a sad commentary on the ways of nurses, health workers all, that

freedom from weariness should occasion so much comment. This first meeting was eminently successful in promoting the purposes of the organization which are, according to the Constitution, "to promote friendliness among the Middle Atlantic Nurses, to foster interchange of thought and educational ideals, and to bring the members into closer fellowship."

The reports of the Presidents of the six component State Associations presented in interesting fashion the high lights of the work of their organizations and showed clearly the varying degrees of emphasis placed on similar activities.

Miss Noyes, in her address of welcome, discussed the advisability of adding this organization to our number but concluded that, although in her opinion, one and only one national organization with suitable sections is an ideal to be striven for, the profession needs its present type of organization, including the Divisions of the American Nurses' Association, until such time as we have a vastly larger proportion of the eligible graduate nurses within the membership.

In an unusually stimulating address, Miss Eldredge emphasized the truth that no individual can rise higher than herself, if not attached to some one or something with higher vision, and ringingly declared that the American Nurses' Association must reach the very last nurse who is not a member.

The program, which included Miss Stewart's reiterated plea for economic independence for schools of nursing, Miss Bailey's cogent argument for the inclusion of mental nursing in the curricula of our schools, many tributes to and much discussion of the work of public health nurses, the round table discussion of administrative problems and particularly that on private duty nursing, quite logically led up to Miss Goodrich's presentation, at the brilliant

closing banquet to some four hundred persons, of the Nurse as Citizen. Miss Goodrich described Miss Nightingale as the archetype of nursing, the genius of the health movement that is sweeping over the world, who insisted from the beginning on a scientific foundation for that work which she conceived nurses should do in the homes of the world. "By realizing that every child that comes to this planet is a precious contribution to our civilization we shall," said Miss Goodrich, "make the finest type of human monument. To have others live better through us is our most satisfying reward for the rather tempestuous existence on this planet."

The officers elected for the two years period are: President, Mrs. Anne L. Hansen, Buffalo, N. Y.; vice presidents, Esther J. Tinsley, Pittston, Pa.; secretary, Annie Crighton, Baltimore, Md.; treasurer, Martha W. Moore, Maplewood, N. J., and the next meeting will be held in New York City, April, 1927.

#### Advisers and Correspondents

**I**N order to put into effective operation plans for stressing nutrition in 1926, the *Journal* has secured the advisory services of Bertha M. Wood. Miss Wood is one of the best known dietitians in the country and her book, "Foods of the Foreign-born in Relation to Health," based largely on her work in the Boston Dispensary, has been highly commended and widely used. We were particularly pleased when we found Miss Wood sympathetic with the difficulties of private duty nurses who feel out of date, we believe that they will profit greatly by the service she is prepared to give us.

Another acquisition to our forces is Minnie H. Ahrens who succeeds May Kennedy as a regular correspondent from the Middle West. We are indebted to Miss Kennedy for faithful



service and much constructive assistance. Miss Ahrens possesses wide knowledge of nurses and nursing in her section of the country gained through years of service as Director of Nursing Service of the Central Division of the Red Cross and in her present office of Secretary of the First District of the Illinois State Association.

No statement of future plans for the magazine is complete without a tribute to the hundreds of nurses, doctors, dietitians, social workers and others who have already responded, many of them many times, to our requests for advice, suggestions, and preparation of manuscript. They have proven many times and in many ways that *The American*

*Journal of Nursing* is a truly coöperative enterprise.

#### Journals Wanted by I. C. N.

Files of the official magazines of the various countries it is hoped will constitute an extremely important part of the equipment of the Headquarters of the International Council of Nurses. Is there one among us who can—and will—contribute a complete set? Or is there within our borders an association, Alumnae, District or State, so imbued with the spirit of Internationalism that it will undertake to secure and to have bound such a set? Such a gift would be a magnificent contribution to the work of the International Council. If those interested will communicate with the Editor, 370 Seventh Avenue, New York City, she will be happy to assist, in any way, in the collection of copies for this particular and important purpose.

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#### Women's Industrial Conference

A Women's Industrial Conference will be held in Washington under the auspices of the Women's Bureau of the U. S. Department of Labor from January 18 to 21.

Women representatives of national organizations including The American Association of University Women, The American Nurses' Association, The American Public Health Association, The American Red Cross, The General Federation of Women's Clubs and the National Conference of Social Work, will be present. The program will emphasize the development of industry and the accompanying problems affecting women in gainful employment.

The letter of endorsement and approval from the Secretary of Labor says:

"There are eight and a half million employed women and their number is increasing rather than decreasing. It seems to me that this situation creates special problems which call for careful consideration of means by which to safeguard the mothers and potential mothers of the nation. In the last decade the increase of married women in manufacturing and mechanical industries was 41 per cent. In the occupations connected with trade there has been an increase of 43 per cent. for all women employed but an increase of 88 per cent. among married women. Therefore, it is impossible to separate entirely the problems of motherhood from the conditions under which women are employed. There is nothing more important in our civilization and every thinking American must realize this situation. It is with great pleasure, therefore, that I approve of your plans for calling a three-day conference."



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## Department of Nursing Education

LAURA R. LOGAN, R.N., *Department Editor*

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### Teaching Sociology in Schools of Nursing<sup>1</sup>

By WILLIAM L. BAILEY

THE sociologist probably has a better perspective on the nurse's place in society than she herself is likely to have. What that place and function truly are, will naturally determine the training to be given. Nursing as a profession has been too modest in its claims. Perhaps that is partly due to the traditional modesty of womankind in asserting logically rightful claims, as well as to an innate willingness to be merely helpful, for nursing is undoubtedly one of the few most ancient and universal functions of women in the social order. But this is a new day for women, and the growing recognition of the vital importance of the health factor in all social problems is rapidly preparing the way for a broader and higher conception of the nurse.

The nurse stands on the "firing line" of life and of social problems. Few others do so in a like sense. Her work has seemed to be eminently work with individuals. It has a personal flavor. She nurses somebody. And the good tradition of being "professional" in that cycle of contacts has made nursing a highly special profession. Consequently its social bearings and relations have not been readily apparent. For the person was a "case" of this or that and the nurse's concern was very specially with that physical or psychical ailment. The patient was scarcely a person to the trained nurse. Her outlook on her

work was narrowly professional, and the true dignity of her service not apparent. For the nurse was not made to realize that society is ultimately a matter of persons, and that all social conditions and problems find their ultimate expression in the life condition of individuals.

The nurse has always been a "social worker," *par excellence*. Her work was much broader and more vital than the professional tradition of it.

There would undoubtedly be a great gain to nursing as a profession if its own conception of itself were broadened and elevated and also that held by the general public as a heritage of long tradition. Its true dignity is not comprised in the thought that it is a mere appendage of the medical profession,—a sort of ladies' aid! Nurses are no longer properly to be conceived of as merely the "women folk" about a hospital.

It may, indeed, rightly be thought of and trained for, as a profession by itself. For the nurse has truly a unique approach to and contact with disease, which each day grows more inclusive and responsible as the medical profession and hospital organization are specialized.

An indirect benefit to the profession from this possible conception of it would be that it would in this broader form appeal more widely to college trained persons. In the present status of the profession and its incipient emergence into a new plane, the reception of candidates for special training from the ranks of those who have received higher education is extremely desirable. To so

<sup>1</sup>Read before the annual meeting of the National League of Nursing Education, held in Minneapolis, May 25-29, 1925.

appeal it must be shown in its larger setting.

The nurse's work is, in fact, on the very front line of social work as that work is now being thought of. For she is where life conditions and problems issue in incapacity, or even in death. She is where all evils in individual and social, in business and moral and political life, "come home to roost." Sicknesses are veritable "exhibits" of the social state; a hospital is a sociological laboratory. More even than jails, almshouses, courts,—the hospital and the sick room are social barometers. What the nurse sees there tells of individual, social, community and civic conditions. For probably some 3,000,000 are ill at any given time, and the average person has "sick leave" from routine life for probably two weeks each year. The social significance of the nurse's locus of work is very inclusive. To teach her to see it so, and to endeavor to function in response to that insight, would elevate the profession to a new level, rightly belonging to it.

The very words, hospital, nurse, patient, have an original significance much broader than their present usage. The hospital was hospitable to all the needy. The nurse nourished, nurtured, and nursed to some measure of normal wholeness. The patient was in various ways made to be patiently enduring the ills of life.

The science of social service administration increasingly recognizes the health factor in social problems. Devine in his analysis of "Misery and Its Causes" lays great stress on "Out of Health." So also social institutions of a wide variety of types in adding nurses to their staffs recognize the health phase of social service, as well in institutions for normal people as for the abnormals.

The nurse needs no longer to defend her position as a social worker in a

unique and vital way. It will not be a step forward but one backward when this phase of the nursing profession is segregated as a specialized job for a "hospital social worker." It is an integral and organic phase of the work of every trained nurse.

The church anciently had a much broader conception of its function for human service, inspired no doubt by the healing ministry of its founder. It is inherent in the Christian point of view of society that man's body is one of his greatest problems, and that health and wholesomeness and sanity must be vital to any attempt to make this world more "heavenly." The nurse—if she desires it—has the highest religious sanction for her work.

Social statistics characterize births and deaths and marriages as well as morbidity data, as vital statistics. They are the processes which are vital to social existence and movement. The nurse is present in relation to such, as is probably no other professional person in our day.

For a profession so related to the social process it would seem natural enough that sociology should in some form be a part of the training. For one who "sees" as much "life" as does the nurse, it would seem indeed to be essential that she be oriented as to the major life problems.

Sociology seems to be the science best qualified to display the setting and relations of her work. It would seem to be the best culture subject for her. For as a science, and from the theoretical point of view, it is synthetic; it correlates the findings of the various special social sciences and relates the result to the service of life. It might be defined as the science and the art of life—using the word in its general sense—as what is commonly spoken of as "Life." The

people who have to live it—more even than academic persons—know what this word involves. Such a subject, with so practical an interest, should appeal to the nurse who is "in the thick of life" as the more abstract, theoretical, and technical sciences might not.

Sociology, being synthetic, never forgets the essential wholeness of "life" and the necessity for the integration of personality. It knows that health, morals, work, religion, all interlock, and that true concern for one involves some care for the others.

It is precisely in such a life setting that the nurse comes into contact with disease. To be truly "professional" is not a matter of elimination of ignorance or neglect. The truly professional spirit is rather one of emphasis. So to be truly professional, the nurse must know that she is dealing with a "person." The patient is a person. The case-history perfunctorily notes the life setting and social characteristics of the patient, but it is capable of being made much more vital in the process of truly restoring the case to "wholeness of life." The nurse much more than the doctor of today is brought face to face with such conditions of the patient. She falls heir to much that made the family doctor of another day essentially a sociologist. He recognized the circumstances of the case, and his treatment was doubtless, in the last result, as successful and efficient. His departure from the field creates the opening for the nurse with almost the status of an independent profession. The very fact that by the very nature of her contact with the case, she is forced to recognize a "person" and the "life setting" of the matter, makes her responsible for the successful conduct of the treatment in view of such facts. The nurse has a claim to recognition, and her uniquely broad services to a new appreciation, not only by her-

self but by those whom she has traditionally served.

Even the sick room and the hospital cannot separate the person from life, though they may segregate. The nurse has a peculiar and special duty in effectually getting the patient to treatment and also by restoring connections through convalescence. Every one concerned with the art of healing knows how important are those two phases of the process. In fact, probably the chief limitations upon the modern physician are just these points. Here the nursing profession may make a great and effectual contribution to the cause.

The well trained nurse will, therefore, seek to possess a sane and sound philosophy of life. She will in the exercise of her profession have plenty of use for it. She will want to know what the Normal Life is as well as Misery and its Causes. Sociology is in a unique way qualified to give her just this.

How then, and in what form, shall sociology be given to the nurse in training?

It will generally have to be a part, and a very limited part, of a practical professional course. It cannot be given to more than a small fraction of nurses through general or special college courses. The vast majority of nurses in training have access to nothing like this, at present. It should therefore be a special and professionalized course—Sociology especially adapted to nurses.

Its general scope should be such that every major phase of the nurse's work should have its social relations explained. And every social problem that has a direct correlate in physical or psychological health should be presented.

To give such a special course would not unnecessarily limit Sociology and result in a mere mutilation of the subject, because there are such large and



vital health aspects to so many life conditions and social problems.

I know of no single book or text satisfactory for the purpose, but a very good outline might be gained from using together such books as Cabot's *Social Service and the Art of Healing and What Men Live By*; along with Devine's *Misery and Its Causes, and the Normal Life*. Every nurse should be familiar with Lillian Wald's *The House on Henry Street*, for the sake of seeing how inevitably her profession broadens into social service. The general orientation sought in suggesting books of just this sort is that of the correlation of health and life, especially as this is manifested in individual cases. Such general books should of course be supplemented by many more technical references.

Sociology as presented to nurses in training should then contain something like the following scope, giving some knowledge of the general subject and at the same time never forgetting the essentially professional need of the nurse:

1. *Man's Place in Nature.*

A sketch of Biological Evolution. The Human Body as an Adaptive Mechanism. The Psychical Factor in Human Nature. Maladjustments and Disease. Animal Traits. Rudimentary Organs.

2. *The Geographic Conditions of Human Life.*

The Fitness of the Environment. Civilization and Climate. Food, Clothing, Housing, Life Habits and Morals. Climate and Health.

3. *Heredity and Life.*

Eugenics, Negative and Positive. Nature and Nurture. The Law of Diminishing Environmental Influence. The Differences of Men. The Non-inheritance of Acquired Characteristics. The Laws of Inheritance. Selective Birth and Death Rates. Social Problems Resultant. The Human Control of Life Conditions.

4. *The Health Factor in General Social Problems.*

Sickness and Poverty. Health and the

Liquor Problem. Sickness and Unemployment. The Problems of Special Defectives. Marriage and Health. Personality and Social Adjustment. Mental Hygiene and Culture Institutions—School, Church, Recreation, etc. The Problem of Old Age. Infant Welfare.

5. *American Social Conditions.*

The Special Characteristics of American People and Life. Social Composition and Characteristics. Number and Distribution of People. Vital Conditions and Statistics: Birth and Death Rates as Indexes. Morbidity Rates. Infant Mortality. The Causes of Death. Accidental and Violent Deaths. Population Movements.

6. *Living Conditions in Types of American Communities.*

Surveys, Standards, and Scores of Open Country, Village, Town, Small City, and Various Urban and Suburban Districts. Visitation and Observation of Communities and Their Social Agencies.

7. *The Hospital and the Nurse in the Development of Modern Social Work.*

The Church and Religious Origins of Nursing Orders, Nineteenth Century Humanitarianism. The Hospital as a Community Institution. The Nurse as a Social Worker.

It should be practicable for some instructor from most training schools to attend an Institute where such a course is offered. In many cases it would be practicable for a number of hospitals to organize a joint course with a common instructor, and thus surmount budget limitations.

There is a very pressing need for such a broader training for the nurse. For the masses of people cannot afford adequate modern treatment either in the home or in the hospital. The economic and social limitations on the full application of the modern art of healing are very severe. This has reached a very critical stage in the rural districts. Nation-wide surveys of the Department of Agriculture evidence the fact that the average amount spent by a farm family of four or more persons for all maintenance of health, including medicines and dental care, is about \$75. This cannot be added to, for there is already



a large gap between the average income and the cost of a normal standard of rural living. The same is true of urban living, as many budgetary studies show.

It is evident that the art of healing must be socialized. The hospital and the doctor need allies in the field. Modern training is tending to train both doctor and nurse away from treatment in its normal life setting and under the ordinary circumstances of living. Those so trained are reluctant to enter into, and perhaps would be ineffectual in treatment under non-hospital and non-technical conditions. In a former time, the apprentice system for medical training and the custom of service in the field contributed to solve the problem. Some such revival may be necessary to bring back again the nurse and the doctor to the sick beds of the masses.

At any rate, with the very high standards being progressively set for both professions, both doctor and nurse should at least be trained for the treatment of disease in its life setting. The incorporation of a specially adapted sociology to the training would be a first step in the right direction.

There is no other way for a solution of the present urgent problem of national vitality, than for a broader training for the nurse. The brunt of this socialization of medicine will naturally fall upon her as the traditional ally of the medical profession, and she is best qualified to constitute this new field force.

The elevation of nursing into a social serving profession, to meet this modern emergency, might be helped by the addition of Sociology to the basic requirements of the trained nurse.

#### School Nursing Administration in American Communities

Employment of a school nurse in a community adds point to health teachings in the schools. The number of cities in the United States employing nurses has more than doubled in the past 10 years, and the proportionate figure for rural schools is even greater. No uniformity has yet been reached as to terms of contract or duties required of the school nurse, but in 116 out of 179 cities having a population of 30,000 or more, from which information could be obtained by the Interior Department Bureau of Education, as reported in School Health Study No. 11, the nurse is employed for the school year; and in 58, for the calendar year. The average number of children per nurse is about 3,000, varying from 800 to as many as 7,000. In some cities the applicant must stand examination; in others a certificate as registered nurse is required. The salary ranges from \$637 to \$2,700. In 110 of the cities, sick leave with pay is granted, in 102 vacation with pay, and benefit of the retirement fund in 41.

# Revision of the Standard Curriculum

(Continued)

## NURSING IN DISEASES OF THE EYE, EAR, NOSE AND THROAT<sup>1</sup>

Time: 15 hours divided as follows: medical lectures and clinics given by specialists, 10 hours; nursing classes and demonstrations given by nurse specially qualified in eye, ear, nose and throat work, 4 hours; examination, 1 hour. This course to be given in the latter half of the second year or the first part of the third year.

### Objects of the Course

1. To give nurses an understanding of the care and treatment of the eye, ear, nose and throat in normal and abnormal conditions.
2. To enable them to efficiently care for patients with diseases of these organs.
3. To arouse an interest in this branch of nursing which will lead nurses into this field equipped with a basis for further specialization, and for preventive and educational work.

### Outline of Classes and Lectures

#### I and II. *Lecture and Class—The Eye.*

Review of the anatomy and physiology of the eye. Embryology. Regional anatomy. Detailed structure and function of each part. Diagram to show structures of eyeball. Essential factors of vision. Refraction surfaces and refracting power of surfaces. Diagram to illustrate formation of image. Pupil. Accommodation. Retina, color vision. Factors essential to binocular vision. Squint. Visual tracts. Errors of refraction. Eye strain—prevention and effects.

#### III. *Lecture—Diseases of the Eye.*

Causes, effects, symptoms and treatment. External diseases. Intraocular diseases. Usual operative procedures in these conditions.

#### IV. *Clinic on Diseases of the Eye.*

#### V. *Class.*

Quiz on lectures. Assisting with examinations of the eye. Solutions used in treatment—preparation, effects, idiosyncracies. Demonstrations of hot and cold eye applications, irrigation, technic for instillation of

solutions, the preparations for dressings, bandaging. Use of dark room and dark glasses. Preparation of patient for operation and after-care. Nurse's duties in cases of injuries or foreign bodies. Precautions in care of patient suffering from communicable disease.

#### VI. *Lecture and Clinic—Oral Cavity.*

Anatomy and Orthodontia. Tooth germ in embryo. Stages of development of teeth. Period of development of deciduous teeth and coincident development of alveolar process. Complete deciduous dentition. Interval between complete deciduous and appearance of first permanent teeth. Development of jaw, etc. Too early extraction. Too late extraction. Importance of first molars. Malocclusion—inherited tendencies, habits, underfunctioning, overfunctioning. Orthodontia.

#### VII. *Lecture—Diseases of the Teeth and Gums.*

Bacteriological and pathological conditions of oral cavity. Causes, effects, symptoms and treatment of common diseases. Gingivitis, pyorrhea, abscesses, etc. Oral sepsis in its relation to systemic diseases. Factors to be considered in determining whether to extract or conserve diseased teeth. Treatment and operative procedures. Tongue-ulcerations, abscesses. Malformations—hare lip, cleft palate. Treatment.

#### VIII. *Lecture—Diseases of the Tonsils, Nasopharynx, Larynx.*

Tonsils—anatomy, character of tissue, function, relationship. Diseases of tonsils—tonsillitis, Vincent's angina, diphtheria, syphilis, tuberculosis, etc. (Very briefly).

Naso-pharynx-anatomy-relations, important structures. Diseases—pharyngitis, adenoids (infected).

Larynx-anatomy-relation. Diseases—laryngitis, syphilis, tuberculosis, foreign bodies, cancer, paralysis. Operative procedures.

#### IX. *Class—Oral Hygiene.*

Quiz on lectures. History of oral hygiene. Oral hygiene in United States. Methods of hygienic procedure in daily care of mouth. Assisting with examination of mouth, pharynx, and larynx. Applying medication. Gargles,

<sup>1</sup>This outline has been prepared by the following sub-committee: Sister M. Domitilla, Chairman; Edith Daugherty and Mary M. Roberts.

irrigations, inhalations, etc., reviewed. Preparation of patient for operation and after-care in case of tonsillectomy, laryngectomy, tracheotomy, etc. Control of hemorrhage.

#### X. *Lecture—Diseases of the Ear.*

Review of anatomy and physiology of the ear. Examination of ear. Deafness—its cause and prevention. Common tests of hearing. Diseases of the auricle and external ear. Diseases of the middle ear. Complications, causes, symptoms and treatment, operative and non-operative.

#### XI. *Class.*

Quiz on lecture. Advice nurses may give concerning foreign bodies, chronic discharging ears, etc. Demonstration of hot and cold applications. The ear irrigation. Preparation for myringotomy and incision of furuncle. Preparation of patient for mastoid operation and post-operative care. Dressings, instruments and supplies used. Symptoms and signs of complications. Nursing care of patients with cerebral abscess, meningitis, thrombosis, etc.

#### XII. *Lecture—Diseases of the Nose and Accessory Sinuses.*

Review of anatomy and physiology. Diseases of the nasal tract, including acute and chronic rhinitis and deflections of the septum—their causes, symptoms and effect on general health. Methods of examination and treatment, operative and non-operative. Infections of the sinuses. Mechanism of infections—their causes, symptoms and effect on health. Methods of examination and treatment.

#### XIII. *Class.*

Quiz on lecture. Assisting with examination of nose and sinuses. Demonstration of nasal irrigation and nasal spray. Control of nasal hemorrhages. Care of patient after nasal operations. The preparation of patient and apparatus for opening and irrigating the sinuses.

#### XIV. *Clinic—The Observation of Early Symptoms and Marked Abnormalities.*

How to recognize early signs of eye, ear, nose and throat trouble. Simple routine tests of vision and hearing such as those given by school nurses. Examination of the mouth for adenoids, enlarged tonsils and defective teeth. Assistance in dispensary treatment. (This lesson should be held in the dispensary or children's clinic and students should have an opportunity to observe cases, themselves, and

try to identify the commoner abnormal conditions.)

#### XV. *Examination to cover subject.*

##### **Methods of Teaching**

The clinical method should be used as much as possible. A term of service in the outpatient department will usually provide good experience in this line of work. The general operating room training should precede the course.

##### **Equipment and Illustrative Material**

Skeleton and separate head. Models of eye and ear. Charts, slides. X-ray plates. Casts. All materials needed for practical demonstrations.

##### **Text and Reference Books**

##### *Group I—Very Desirable or Essential.*

- Bacon—Otolaryngology.
- Blair—Diseases of the Mouth and Jaw.
- Conkley—Diseases of the Nose and Throat.
- Davis and Douglass—Nursing in Eye, Ear, Nose and Throat Diseases.
- Duke—Oral Sepsis in Its Relation to Systemic Diseases.
- Emerson—Essentials of Medicine.
- Fones—Mouth Hygiene.
- Fuch—Textbook of Ophthalmology.
- Gleason—Manual of Diseases of Nose, Throat and Ear.
- Lewis—The Ophthalmic Nurse.
- Manhattan Eye, Ear and Throat Hospital—Nursing in Diseases of the Eye, Ear, Nose, Throat.
- Marshall—Mouth Hygiene.
- May—Diseases of the Eye.
- Packard—Diseases of Nose, Throat and Ear.
- Pickerill—The Prevention of Dental Caries.
- Posey—Hygiene of the Eye.
- Ryan and Bowers—Teeth and Health.

##### *Group II—Recommended for Use of Teachers and for Wider Reading by Students.*

- Pickerill—History of Dentistry.
- Noyes—The Development of the Tooth Germ.
- Black—Descriptive Anatomy.
- Burchard—Dental Pathology.
- Pickerill—Stomatology.
- Endelman and Wagner—Pyorrhea Alveolaris of Systemic Origin.
- Pamphlets published by the New York State Committee for the Prevention of Blindness.

See also under Anatomy and Physiology, Bacteriology and Modern Social and Health Movements.



## EMERGENCY NURSING AND FIRST AID<sup>1</sup>

Time: 15 hours, divided into seven two-hour periods with one hour for examination. Classes and demonstrations directed by the nurse instructor, or by a physician and nurse who are especially competent to handle this subject. The main part of the course may be worked out on the basis of projects by students. Projects should be adapted to the needs of the school. Suggested ones are listed in the outline. Course to be given end of second or in third year.

### Objects of the Course

1. This course is intended to help the nurse to adapt her hospital methods more readily to the emergency situations which she will meet while on night duty, in charge of ward, in Army work, in accidents of various kinds, and in pioneer service where equipment and facilities are limited. 2. Such a course will also serve as a review of practical nursing principles and procedures and for the adaptation of these to home conditions. Quick thinking, adaptability, resourcefulness, economy and speed, should be emphasized as well as careful technic. 3. The demand for classes in elementary nursing and first aid, to be given to clubs and groups of various types, is increasing so rapidly that nurses should be prepared to assist in such teaching and should thus be in touch with the latest and most approved methods in emergency work.

### Outline of Classes, Demonstrations and Projects

#### I. Introduction.

General principles and scope of first-aid work. Personal and ethical conduct during nursing crisis. Personal hygiene: bathing, diet, clothing. Attitude toward duties of a non-professional character. Personal relation to household members, community authorities, clergy and press. Laws involved in emergency work, as closure of places of public assembly, quarantine, fumigation, death, wills, giving of legal evidence, etc. Signs and symptoms indicating fear, hysteria, serious condition, death. Procedure in cases of death; suicide. Reports and records. Newspaper reports.

<sup>1</sup>This outline has been prepared by the following sub-committee: Major Julia C. Stimson, Chairman; Elizabeth Melby, (Mrs.) Isabelle W. Baker, J. Beatrice Bowman and Marion Rottman.

#### Suggested Projects.

Exhibit of Red Cross supplies and emergency kits. Improvised equipment. Emergency splints and bandages. Methods of sterilization of supplies in an emergency. Use of newspapers, old linen, etc.

#### II. Organization of Service in Times of Public Disaster.

Sources of nursing and medical service in cases of epidemics, fires, floods, and other public disasters. Army, Navy and Red Cross nursing organizations: qualifications, applications, equipment, personnel of units and duties. Federal, state and city jurisdiction; regulations to be observed; care of property,—government and personal. Coöperative agencies: contact with local lodges, relief societies and welfare organizations. Sources of supplies and expenditure of money. Disposal of waste. Sanitation of premises. Water supply. Food and drug supplies.

#### Suggested Projects.

Use of public buildings as emergency hospitals. Equipment of field hospital. How duties of the personnel differ from duties in a civilian hospital. Distribution of relief supplies. Nursing procedures in an emergency hospital. Methods to secure safe drinking water during emergency. Mess management, rations, etc.

#### III. Transportation of the Injured.

Situations requiring special methods of transportation. General principles underlying emergency methods of transportation by ambulance, train, ship, airplane, motorcycles, litters, etc. Emergency methods in case of fires.

#### Suggested Projects.

Improvisation of litters. Carrying of patients in chair, hammock, blanket, sling, etc. The two-, three- and four-handed lift. Fireman's lift. Ambulance and stretcher drills.

#### IV and V. Emergencies in the Home, School and Camp.

Treatment of wounds, minor fractures, sprains, bruises, burns, frost bite, insect bites, fainting, hysteria, apoplexy. Methods of resuscitation after drowning, and during gas asphyxiation. Common emergencies due to food and other poisoning, as poison ivy,



mushrooms, etc. Drug poisoning such as bichloride, iodine, wood alcohol, dyes, etc.

#### *Suggested Projects.*

Isolation of infectious cases in home, school, on train or ship; isolation during epidemic. Preparation for an emergency operation. Preparation of kitchen of an apartment as emergency operating room. Treatment of hemorrhage and shock. Procedure during convulsions of childhood. How to put out flaming clothing. Method of giving a hot pack in a country home. Arrangement of an improvised croup tent. Preparation of home first-aid kits and home medicine cupboards. Posters.

#### VI. *Industrial Emergencies and Traffic Accidents.*

Treatment of wounds, fractures, etc., under factory conditions or in case of highway accidents. Removal of foreign bodies from eye, ear, nose, throat, oesophagus. Removal of steel and wood splinters. Sun-stroke and heat exhaustion, lightning stroke, electric shock. Attempted suicide. Poisoning from monoxide gas.

#### *Suggested Projects.*

Removal of worker from contact with electric current. Safety-first posters. Automobile and railway accidents of various kinds.

#### VII. *Examination.*

##### **Methods of Teaching**

1. Since most of the principles covered in the course should be familiar to advanced student nurses, the main effort will be to have them work out the applications as a test of their understanding and resourcefulness.

2. It is suggested that the demonstration of

projects be made before the school and the pupils, rated on the points most essential in first-aid work.

##### **Equipment and Illustrative Material**

1. Beds, bedding, utensils, furnishings and surgical materials as for other nursing classes, with a variety of common household and outdoor materials to be used for improvising equipment.

2. First-aid outfits for use in factories, mine accidents, schools and households, Army kit, Red Cross kit, outfit for automobile trips, etc.

3. First-aid charts (Red Cross and other kinds.)

##### **Text and Reference Books**

###### *Group I—Very Desirable or Essential.*

Doty—Prompt Aid to the Injured.

Eliason—First Aid in Emergencies.

History of American Red Cross Nursing (Official).

Lynch—Red Cross Textbook on First Aid and Relief Columns.

Mason—Handbook for the Hospital Corps, Medical Dept., U. S. Army.

Morrow—Immediate Care of the Injured.

Wharton—Minor Surgery and Bandaging.

###### *Group II—Recommended for Use of Teachers and for Wider Reading by Students.*

Delano—Home Hygiene and Care of the Sick.

Hospital Corps Handbook for the U. S. Navy.

Mosely & Co.—Surgical Emergencies.

See also text-books in Nursing, Medicine and Surgery.

Manuals for Girl Scout and Boy Scout Organizations.

#### **A Last Reminder on "The Nurse in Poetry" Calendar**

*The type for the 1926 Calendar, published by the National League of Nursing Education, will not be distributed until the end of January so that orders in any number may be filled during this month. After January no further reprints will be made and only a limited stock for future incidental orders will be carried at Headquarters.*

*Have you a Calendar? Has each of your staff and student body a Calendar? If not, January is the time to get one.*

*Send orders to Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York, N. Y. The price is \$1.00 per single copy; 75 cents per copy on all orders of fifty or over, delivered in one shipment. Proceeds of the sale will be used to help maintain and develop the activities of The National League of Nursing Education.*

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## Questions

The editors will welcome questions and will endeavor to secure authoritative answers for them.

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1. Why should a tuberculous nurse not care for a baby?

*Answer.*—Dr. Lawrason Brown, than whom there is no more eminent authority on tuberculosis, says in Chapter XIX of his admirable "Rules for Recovery from Tuberculosis" that "Forethought will often save much afterthought" and discusses the care of children in the homes of the tuberculous as follows:

"The belief that tuberculosis is acquired nearly always in childhood and that after lying dormant for many years it breaks out again as tuberculosis of the lungs, most often between the eighteenth and thirtieth years, has been accepted by many prominent students of the disease. Whether tuberculosis is due to an outcropping of the early infection or to a fresh implantation of germs, we know that tuberculosis is a very deadly disease among infants. Some have claimed that 70 to 80 per cent of infants under one year of age who contract tuberculosis, die from it. The disease is very much less fatal in the second year of life and from this time on becomes less dangerous and even runs a more favorable course than in adults.

"Some investigators have stated that in some large European cities among the poorer people nearly every child (95 per cent) by the age of fourteen or fifteen years has gotten the tubercle germ into its body, but in the vast majority it is dormant. In one of the large American cities only one-third of such children were found to harbor this germ.

"On the basis of such statements, it is easy

to outline what we should do theoretically but difficult to carry it out practically. It might be well, however, to state the ideal conditions and from them draw what practical help we can.

"From what has been said it readily follows that the greatest effort to protect the infant, baby and child from the tuberculosis germ should be exerted during the first four years of life and particularly during the first year. During this first year of life the baby possesses no power of locomotion and the problem is far simpler than later, when he begins to walk and play about. Thereafter it appears that sooner or later he comes in contact with the tuberculosis germ. If he be protected carefully during the first two or three years it is probable that he will develop normally if his inheritance be good. Some have suggested that the long, narrow chest is due to infection (implantation with the tubercle germ) before the third year. In any case we know that it makes a great difference whether the child gets its first tubercle germs in its first or seventh year. \* \* \*

"The domestics, and particularly the nurse, should be healthy. The nursery should be inviolate, and visitors or the family with dirty or dusty skirts and shoes should be kept out. The baby may be taken to the parlor to see visitors. The floor of the nursery should be kept scrupulously clean, for soon the baby creeps and crawls everywhere upon it. What is on the floor is quickly on his hands and under his nails, and what is on his hands is shortly in his mouth." \* \* \*

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*Have we not all amid life's petty strife,  
Some pure ideal of a nobler life  
That once seemed possible? Did we not hear  
The flutter of its wings and feel it near  
And just within our reach? It was—and yet  
We lost it in this daily jar and fret,  
And now live idle in a vain regret.*

*But still our place is kept, and it will wait  
Ready for us to fill it, soon or late!  
No star is ever lost we once have seen,  
We always may be what we might have been.*

—ADELAIDE PROCTOR.

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## Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*

*Director, Nursing Service, American Red Cross*

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### The "Mackinac" Disaster

SUCH is always the response to fellow creatures in agony of suffering and distress, that the pessimist wonders if it be only the worst circumstances that bring out the best in people. But the nurse knows it is the call to service that is the immediate summoner. Something within makes every one respond,—above all she who proves it repeatedly. Once more the story is told. In this instance, it is a hitherto unrevealed chapter of the narrative of the "Mackinac" disaster, when 150 people were burned and 60 died, last August, as a result of the explosion on the steamer in Newport Harbor.

Through the courtesy of Beatrice Bowman, Superintendent of the Navy Nurse Corps, who has passed on copies of letters to Miss Noyes, through the reports from the Newport and Pawtucket Chapters, and those from Elizabeth F. Sherman, Chairman of the Providence State and Local Committees on Red Cross Nursing Service, it is possible to visualize the agonizing incidents and sublime work of that first dreadful night. Esther LeC. James, Chief Nurse of the Newport Naval Hospital which was nearest to the scene of disaster and therefore the one that cared for most people, gives a vivid impression of the summons that reached them at dinner. In fifteen minutes every nurse in the hospital was on duty.

Other nurses flocked there, many being supplied through Miss Sherman's office. "I had no idea there were so many in Newport," writes Miss James.

Some here with patients gave me their off-duty time; some on vacation came up; the Newport Hospital sent me a unit of volun-

teers for a few days. . . . Anna E. Manning, the Red Cross field director here in the hospital, has been splendid and she has helped me a lot with the nursing proposition.

All through that night, "one mad rush pouring oil and giving hypos," when "it was miraculous how quickly the quantities of supplies were brought to us," everyone worked until exhausted and in some cases, the body failed under the drive of the eager spirit within. What it meant Miss Manning shows:

If you could see the stretchers coming in, you would understand how every ounce of womanhood and manhood called you to hurry faster and work the harder. You did not dare to stop working, for you would only commence weeping with pity for those poor, brave men, women and children so horribly burned.

Literally, barrels of vaseline and liquid petrolatum, and thousands of yards of gauze, were used that night.

Winifred L. Fitzpatrick, Associate Director of the Providence District Nursing Association, enrolled in the Red Cross Nursing Service, (neglecting to say of herself that she gave part of her vacation and went to the Naval Hospital to "special" some bad cases) pays a priceless tribute to the spirit of the Navy nurses those first days. She marvelled at the organization which rearranged the disposition of 225 patients already there, to provide beds for the boatloads of people brought in, in such an emergency. It was in keeping with the spirit of the Navy, shown in the Harbor, where the 42 warships rose to the emergency in such a way that more than six hundred people were taken off, put ashore, and the injured conveyed to the Naval and General Hospitals in half an hour.

While such work as this was going on in Newport, the Pawtucket Chapter proved what its comparatively recently organized disaster relief unit could do. Doctors, nurses, ambulances, and 150 motor cars were mobilized in short time to meet the special train arranged by the Newport Chapter for the survivors, most of whom were Pawtucket people. The same story of service and efficiency comes from the railroad station. First Aid was administered to all needing it, everyone was looked after, and taken home within the half-hour. Later this Chapter's Red Cross Nursing Service took care of necessary cases, sometimes two visits daily being made until the patient was discharged. A relief fund of about \$70,000 is being administered by the Red Cross which task will continue over a period of sixteen years until the trust funds established for the widows with small children are used, and the latter become self-supporting.

#### In Austria and Serbia

Continuing the journey referred to in preceding articles, Miss Noyes left Prague for Vienna. At the railroad station there, she was met by Alma C. Haupt, an American Red Cross nurse who is in charge of the Commonwealth Fund's nursing program in Austria. Miss Haupt was on the point of leaving for a child welfare conference at an outlying post, Salsburg, some distance from the city, where a special child health demonstration is being undertaken. The Commonwealth Fund is continuing practically the whole of the work first developed by the American Red Cross in the country districts.

When the Commission first withdrew, the control of child health stations was assumed by local authorities, but conditions become worse, the work was in danger from lack of funds, when the Commonwealth Fund went to the res-

cue. While Vienna—on the surface at least—seems to flourish, the provinces appear very poor.

Miss Haupt said that the constructive work done by the American Red Cross had been of such a character that practically all the stations had survived the interim before the Commonwealth Fund stepped in, which would not have been the case if the foundations had not been well laid.

Vienna presented a very different picture from that of the cold, bleak, hungry days of November, 1920, when Miss Noyes first saw it, at the moment starvation stared the populace in the face. True, it was summer time,—nature in more gracious mood had changed the aspect of the scene, but there seemed to be no evidence of shortage of food and to all outward appearance, at least, very little poverty. The city presented a prosperous appearance. Prices were practically as high as in America. A room and bath, for example, at one of the best hotels cost \$5.50 a day, which is expensive for a foreign town.

In no country, perhaps, did the American Red Cross do a finer piece of child welfare work than in Hungary—this, too, turned over later to local authorities. It afforded Miss Noyes, therefore, much pleasure to be able to step off for a few hours in Budapest, even though it merely meant a hurried tour of the city's most interesting points, visualizing in such manner the scene of some of the most concentrated work ever done by the American Red Cross. Budapest, like Vienna, seemed to have regained its pre-war tone, its prosperity, its gaiety—on the surface, at least. So short was the time spent there that it was an impossibility to visit the child welfare centers and other activities developed by the American Red Cross and then given to the city.

On the way from Budapest to Sofia,



Bulgaria, Belgrade was a junction. Red Cross memories of Serbia from the earliest days of the war are overwhelming and wistful. One of the very first units of American Red Cross nurses went there. Because of these things, it was a great disappointment to have the few hours between trains occur at night-time, with many passport difficulties. In place of seeing the scenes of those great war tragedies, those epics of service, was observed instead the environment of a not-too-immaculate railroad station, with Serbian gipsies lying about in odd corners, asleep, or smoking the inevitable cigarettes, or eating melons.

Rich, rich is this city in Red Cross memories. Unit One, with Dr. Edward Ryan as Director and Mary E. Gladwin as Chief Nurse, followed later by Units Two and Three, achieved what must rank as among the most outstanding work ever done by doctors and nurses. They brought order out of chaos, working under well-nigh impossible conditions, to succor the sick and wounded Serbian soldiers; there followed that dread fight with typhus in which many of them were stricken. The ones who gave their lives in the service of those unfortunates sleep there still, but the flag with which Doctor Ryan went out to meet the invading Austrian Army, to request that they stop the shelling of the Red Cross hospital, *now* reposes in Pennsylvania. He died in Teheran, Persia, in September, 1923, not rallying from pernicious malaria, as he did from typhus in those memorable days, and was taken home for his last resting place.

#### Work Completed in Serbia

Work, practically continuous since that historic time, has just been handed over in Serbia. American agencies working in that country were consolidated in 1920 into the Serbian Child

Welfare Association, to which was given to administer a portion of the American Red Cross fund for child health. In 1922, Caroline E. Robinson, American Red Cross nurse who had directed the nursing activities, took charge, following the resignation of Dr. R. R. Reeder, Overseas Commissioner of the American Commission to Serbia, in child welfare, public health and vocational education (which is the title of the overseas branch of the Association referred to). The definite program, based on the advice and suggestions of the Serbians themselves, has been handed over to the local authorities who have demonstrated their ability to carry on. That this is so, is due in a large measure to Miss Robinson, on whose work enthusiastic comment is made by William J. Doherty, Secretary of the Board of Managers of the Association.

"As a matter of fact," he adds in a letter to Miss Noyes, "all the nurses you sent us were of mighty good caliber and worked faithfully and efficiently in helping to put our health and child welfare program into operation."

Miss Robinson, who is a graduate of the New York Hospital school of nursing and who was superintendent of the American Hospital in Paris from 1911 to 1917, before going to the Balkans where she has spent the greater part of seven years, returned home on the "Lancastria" recently. With her were two other American Red Cross nurses, Olive Sewell, who was teacher of the Valjevo Health Workers' Center before transference as assistant to the directress of the Belgrade training school for nurses a year ago, and Martha Staton, who has been teaching the public health course at the Belgrade School. Miss Sewell has been overseas, first in Poland with the Red Cross Commission, and then in Serbia, since 1920, and Miss Staton since 1919, when she

went to Europe with the University Unit of Virginia, going very shortly after to the Balkans.

#### American Nurses in Europe

I have written this article with a good deal of enthusiasm for I am proud of our country-women. They are doing a magnificent work for Europe. When I observe the difficulties, my heart goes out to the American girls who are re-making this sad old world.

So wrote S. I. Tonjoroff, European correspondent of one of the oldest established periodicals in this country, *The Christian Register*, to his Editor in a personal letter. The words were taken out and used at the head of a recent article on schools of nursing in Europe. It is because he benefited in person during his stay at the Bulgarian Red Cross Hospital, Sofia, where Rachel Torrance was Director of the School of Nursing, that he is so enthusiastic. He pays very marked tribute to Miss Torrance and to Hazel Goff, now the Director.

When Miss Noyes was in Sofia, Mr. Tonjoroff interviewed her and he quotes at length in this article from her impressions of nursing in Poland, adding his own form of praise for the work of Helen Bridge, Director of the Warsaw School of Nursing.

#### Turkish Textbook on Nursing

A book that cannot be read does not usually attract much attention. But such a one did recently at National Headquarters. This was quite out of the ordinary, a pioneer, the first textbook of nursing ever printed in Turkey. It is the result of much work on the part of Mary Nelson, Director of the American Hospital School of Nursing in Constantinople, and her assistants, Geneva Leach, Clara DuBrau, and Elizabeth E. Hollenbeck, all American Red Cross nurses. First, they prepared the

text adapted to the peculiar needs of the country, in English. This was then translated into Turkish. It was revised and checked by an American doctor who speaks the language fluently, to insure the technical accuracy of the translation in every detail.

The next step was to obtain the approval of the Department of Education of Angora—under which, according to the law, the school has to be registered—and the Bureau of Education of Constantinople. It is obvious that textbooks are not lightly issued in Turkey—official sanction is always necessary before they can be used in educational institutions.

From the American point of view, books in the land of the Red Crescent are cheap—as is generally the case all over Europe. This one sells for the Turkish equivalent of our "quarter." Nurses of schools throughout Asia Minor have passed very favorable comment on the book.

#### Items

Georgia M. Nevins, doyenne of the nurses of the District of Columbia where she was for twenty-three years Superintendent of Nurses and Superintendent of the Garfield Memorial Hospital, visited National Headquarters recently to see Miss Noyes before departing with Adelaide Nutting for Europe, where she will spend a year. She is one of the pioneer nurses who helped to bring about the formation of a Red Cross Nursing Service and before retiring she was for three years Director of the old Potomac Division.

Ruby Adendorff, of South Africa, who has been taking the course in public health nursing at Teachers College, Columbia University, was a visitor to National Headquarters on her way back from North and South Carolina, where she has been studying school conditions, to New York. She was much interested in the set-up of the Nursing and Public Health Nursing Services. After returning home she will be connected with the Education Department in Cape Town for which place she sailed on January 1st.

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## Student Nurses' Page

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### Keeping up Esprit de Corps

BY GERALDINE OLSON

*Physicians and Surgeons Hospital, San Antonio, Texas*

**A**RE the student nurses getting enough recreation? After staying on duty from eight to ten hours, studying two hours, and getting off duty at seven, they rush to get ready for a show, or stay in their rooms from seven to ten p. m. in an inactive way. Well, this is what the majority of students do, unless some form of healthy recreation providing exercise as well as interest is supplied. But this cannot be provided without an effort being made by the students themselves. The faculty can provide the means, but the students must supply the ways and the willing spirit.

To enjoy healthy exercise of the body, the mind must also exercise, and to accomplish this, interest must be main-

tained in the recreation sought. There is no better method than indulging in athletic games. Nothing produces interest or brings up the morale of any student body better than the keen competition of a well-matched game. Even though a student covers many miles of floor in her daily duty, or runs up and down stairs time upon time, it is not exercise. Her mind is on her work and is not relaxed.

As a solution for this and a remedy that never fails, let me suggest a combination basket ball and tennis court, on which the students can indulge in games, weather permitting, or an indoor court for basket ball or volley ball. These are games that most student nurses enjoy, and that many have

played before entering training. With a little urging and help, plenty of volunteers will be found who know the games and then it is only a matter of training and competition between the student bodies to have the healthy exercise in full swing. In summer there is nothing more delightful than an evening game played on an electrically lighted court, after the student's hard day's work. Her mind is relaxed and her body exercised in a healthy way; she goes to bed tired but refreshed to arise in the morning fresh and bright.

A basket-ball team can be organized from both the Junior and Senior classes, to have match games; interest can be aroused and even those who do not play can enjoy the fresh air and they will be more or less refreshed from watching the games. Then form an all-student team of the best from the hospital and take games once a week with outside schools or city teams. This does much to promote *esprit de corps* and constantly gives the students something to look forward to.

As a Senior nurse, with only four more weeks of training before I graduate from a school in a one hundred and fifty bed hospital, I look back to my Junior year with regret because of the little interest taken in our class. Little if any sports were indulged in, and it was more or less of a grind. After we became Seniors and took up our Senior class work, every one began to take new interest. Through the kindness of Ellen Louise Brient, our hospital superintendent, we were supplied with an outdoor basket-ball court, lighted by electricity for night playing, and an hour was set aside each night for physical culture. Basket-ball teams were organized by both the Juniors and Seniors and

match games were played. This created interest and brought most of our student body out. We were ably assisted in this sport by Ethel Latschaw, Superintendent of Nurses, who later became the manager of the all-hospital basket-ball team, and by Jane Paisley, operating room supervisor, who was our athletic director.

We have recently closed a most successful basket-ball season, having played thirteen games and lost only two. These games were played with outside schools, and organizations, some of which were the champion teams of the southwest. Our big team was composed of both Juniors and Seniors, and was one of the best developed teams in the city. We are indebted to Lieut. B. L. Meeden, U. S. A., the athletic officer of a nearby Army post, who coached our team to victory through the season. Ours was the only hospital in the city with a basketball team in the field, and remember, students, we did all this after our duty hours. The superintendent, the athletic director, manager, coach or anyone else, could not have accomplished this, if the students had not first shown the spirit and interest.

Student nurses from other schools, I am appealing to you! If you have no such athletic amusements, it is your fault! How are our schools to know what we want if we do not tell them and then show our willingness to participate and make it a success?

#### Health Calendar, 1926

A limited number only of the Calendar may be had from the Association for Improving the Condition of the Poor, 105 East 22nd Street, New York City. Price, \$1.00. The Calendar consists of 12 colored sheets (stiff cardboard,  $9\frac{1}{4} \times 6\frac{1}{2}$ ), 12 pictures emphasizing health habits, 24 health rules (2 on each sheet).



## The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

### How We Felt When the International Congress of Nurses Was Over<sup>1</sup>

**D**EAR EDITOR: Loneliness—emptiness—everywhere!

I have just come from waving good-bye to the last steamer, and the Helsingfors streets seem deserted and empty. Only recently they were still walking about, the representatives from every corner of the world. We met them in the streets, at meetings, smiled, looked at their arm-bands in order to discover from what country each one hailed. Now I no longer see them. . . . The whole long dark winter we were anticipating their coming, and perhaps that is why they became so dear to us. Photographs began to arrive from here and there, messages came from this one and that one, announcing her arrival.

"How many will be coming from Poland, from Japan, from America?" we asked each other.

"Tomorrow there is a meeting of the Committee on Meals," said some one.

"Don't forget the ice cream," said another.

"And what do you suppose the Chinese like to eat?" demanded a third.

"The day after tomorrow there is a meeting of the Exhibition Committee, but I have my English lesson before that, and my lesson is not yet prepared," sighed another. So we spoke on winter evenings while we went from one meeting to another, attended sewing meetings, studied English, and—waited for you. The stars in the frosty winter sky twinkled at our happy talk and joyful anticipation.

As time went on our days became busier and busier and the hours of the night grew shorter. News came from those who were coming to the Congress and our expectation increased from day to day. The President of the National League of Trained Nurses of Finland came one day to the office with a pile of papers under her arm. There were names of all kinds and next them red and blue pencil markings and hieroglyphics in ink—every one meant something and she alone knew their significance. I thought to myself—if those

papers should be destroyed what work of weeks would be lost!

I awake from my dreams, look about me and—the streets *are* really, empty. I repeat to myself: The International Congress of Nurses has taken place, our guests have gone! Nevertheless I cannot yet realize it. I must get confirmation of my words, I want to hear what others are thinking and feeling.

I grasp the telephone receiver, and ring to the Chairman of the Feeding Committee—not because I am hungry but simply because I want to speak to her, ask what she thinks and if she is sure no one starved during their stay in Helsinki (Helsingfors). But an official voice comes over the phone, "Miss S. has left for her vacation." Again I make desperate efforts, but from everywhere I get the same reply—gone on her vacation.

Vacation—yes, not only a vacation, I think, but to escape the desolateness all around us. Quickly I begin to pack my things, for I realize that I too want to leave town.

In a last attempt I hopefully phone to the office of a certain newspaper. They also have quieted down after your departure. I get hold of one of the many reporters who had been much in evidence during the Congress and who had heroically tried to keep in touch with matters while humbly realising his deficiencies in the English language.

"What news?" I asked.

"The Scandinavian Rifle Shooters have arrived," he replied, and intuitively I heard the sigh of relief on his lips. Transferred from a Congress of Nurses to a shooting match! I realized the many-sidedness of his profession, and how difficult a nut the former has given him to crack!

I resume my packing, but stop to reflect:—How beautiful were those summer days, because we had so ardently expected you, and you became so familiar and dear. We looked for your coming and wondered who was who. You were not only fellow-workers in the same profession, but friends, part of ourselves.

Some of you came in thick furs. We looked at each other and smiled, warmly, as our summer sun. One of you asked wistfully where she could find a department store—she had brought along only heavy woollen dresses. Who would have dreamt that the North Pole

<sup>1</sup>This letter has appeared also in the *British Journal of Nursing*. It will be of interest to all *Journal* readers, even those who did not go to Helsingfors.

had a summer! Surreptitiously, another opened her bag, revealing candles. She had come prepared, for some ignoramus had told her that Helsinki (Helsingfors) had no electric light and—she did not know that the Midsummer Sun of the North forgets to sleep! Some one else whispered to me confidentially, "But there are no ice-bears here!" About all this we conversed together, smiled, and our hearts rejoiced because *you were in our midst*.

We hadn't time to attend every meeting, but the knowledge that you had come to us from far-away countries to discuss mutual matters—that *personal touch* was to be the best that remained to us of the Congress.

Now you are gone. And yet—you have not gone, because a part of every one of you remained here. And we feel that we are no longer alone in our distant North, far away under the Arctic Circle, *together* with you we work to accomplish better things for humanity. When this letter reaches you, we will be in the midst of cold and frost here in Finland. Imposing Aurora Borealis lights flash in our Northern skies, and on a winter evening as we sit before our open fires and think of you, we sing to you an old folk-song:

"My dear friend,  
Dost thou ever remember me?  
At every sunrise  
I remember you."

Helsingfors, Finland KYLLIKI POHJALA.

### The Golden Thread

DEAR EDITOR: Don't you think that it is of the greatest importance that the leaders in the nursing profession should hold together and talk over differences in a kindly spirit, be willing to overlook some mistakes, and have faith in the honesty of purpose and purity of motive in all those who are striving to improve nursing and nursing education? The saying "There is no nationality in nursing" ran like a golden thread through the meetings at Helsingfors. Should smaller communities be less liberal?

You will realize what I have in mind,—The New York Out-of-state Inspection. No doubt mistakes were made, but were there no good results to be mentioned? Did not, in some instances, the New York Board of Nurse Examiners become a "power behind the throne" and show training school boards the necessity of certain improvements, which the head of the school may long have desired, but

was unable to secure? I know of several such instances.

I am using the *Journal* in my class on Professional Problems with the Seniors, as was suggested not long ago, and the nurses seem to enjoy it. B. E.

### Our Weekly Rotary Luncheon

DEAR EDITOR: Following several visits to local Rotary Club luncheons, the writer was convinced of the value of getting together singing to relieve the monotony of routine duties. The stimulating effects did not seem to depend on the skillful use of a good voice but in simply using the voice one has and in putting vim and expression into the song. Thus the idea was conceived of instituting a Rotary Luncheon in our School. So on Thursday of each week, the floor supervisors, special nurses, and interns, are invited to lunch with the student nurses in their large dining room. The President of the Training School, the Superintendent of the Hospital, and a specially invited guest from the Hospital Board are also present. Our Office Manager, who is a song leader in one of the local civic clubs, has charge of the singing. During the luncheon, about five popular songs are sung by the students and guest with all the vim and enjoyment of a regular club. Every other week we have a four-minute speaker, on some breezy subject foreign to hospital life. The jollification lasts about half an hour, and we are careful to see that those students who are absent because of duties are present at the next meeting. As it is not practical to move either of the pianos in the nurses' home over to the dining room, we have, thus far on Rotary day, used an organ that is played during morning chapel. But through the generosity of some of the guests at these luncheons, another piano has been donated which will soon be installed. A different member of the Hospital Board is invited each week, and we hope to prove to them that our profession can occasionally relax and play. Every one taking part has become enthused over this innovation in our hospital life. Even our patients enjoy hearing the singing in the distance and daily some student is asked, "Is this the song day?" Another thing we do that is thoroughly enjoyed, is holding Sunday night supper in the students' dining room by candle light. At this time, also, supervisors gather with the students. These breaks in the routine have done much to brighten the students' life and I feel sure that if more

schools will try this they will receive the beneficial results as we have.

New Britain, Conn. MAUD E. TRAVER.

#### A Radio Needlework Sale

DEAR EDITOR: We had an unusual sale which the 76 students gave at Hallowe'en time. We had six booths and all were decorated in Hallowe'en colors. One was the needlework booth and was called booth station S-N-W, decorated in Hallowe'en paper, black cats and pumpkins. Another was B-V-B, "Babies' Very Best," and had babe garments and dolls decorated in blue and white. Another was H-M-C, "Home-made Candy and Cake," decorated in white and gold. Another was W-I-K, it had all kinds of things for the kitchen, as aprons, tea towels and the like. Another was a grab-bag called T-Y-L, "Try Your Luck," and the other was E-D-M, "Eat, Drink and Be Merry." Refreshments were served here. Fancy work was made by nurses during summer months and a great deal their friends donated. Our radio was moved to the large room where we had the sale and we had music over the radio

nearly all afternoon. At 6 o'clock we were all sold out and the nurses were happy when I told them that we had made a clear profit of \$248.10 which will be used for something in the Nurses' Home.

Ft. Wayne, Ind. ANNA M. HOLTMAN

#### "Out of the Mail Bag"

From a Directress of Nurses, New Jersey:

"I find it very useful in my class conferences with my Senior class."

From a Private Duty Nurse, Illinois:

"I no more get through reading the latest issue, than I start looking forward to the next."

From a Married Nurse, New York:

"I feel so out of things. . . . I decided to subscribe for the *Journal*. I have already gotten valuable ideas from reading one number. I was very much interested in what you had to say about diphtheria. I realized that it was time I had my little girl take the treatment but, after reading the article about it in the *Journal*, I was completely awakened and shall visit my specialist right away."

#### The Nurse in Hospital and Community

To both medical education and public health work the modern trained nurse is indispensable. She is found in the wards and dispensary of the hospital; she follows discharged patients to their homes; she responds to the calls of the sick poor; she reports cases of communicable diseases; she is an attendant in the health center and in the industrial clinic; she serves in the school and in the families of the pupils; she goes her rounds in city, town and village; and of late she has made her way to isolated farmsteads in the open country. She is at the same time nurse, teacher, public official and friend.

For the successful discharge of her duties the nurse needs more than sympathy and devotion, essential as these qualities are. Apprenticeship experience alone will not suffice. There must be both education and training in hospital, dispensary and in the field. Widening opportunities are making larger demands. Changes in the organization and methods of nurse education are taking place, experiments are being tried, new schools are being created. Countries in which this type of training has not been developed are adopting modern ideas of teaching and practical apprenticeship.

Because of an interest in medical education and public health the Rockefeller Foundation has aided demonstrations in nursing education in several countries. During 1924, it continued to support a training school experiment at Yale University, contributed to a school of nursing in Rio de Janeiro, assisted a bureau of both public health and bedside nursing at the University of Cracow, Poland, and at Zagreb, Yugoslavia, aided the public health nursing service in the Philippine Islands, granted 39 fellowships for training, made surveys of nursing education in several European countries, invited leaders in nursing education to visit foreign countries, and sent a commission from the School of Nursing in Lyons to observe hospital schools and methods in Great Britain.

—The Rockefeller Foundation,

A Review for 1924, by George E. Vincent.

## Additional Red Cross Items

Alice M. Buchanan, who last summer succeeded Marion S. Doane as Director of the Haiti School of Nursing, has just received forty Christmas bags from the District of Columbia Chapter for distribution among her student nurses. She has been a member of the staff since June, 1924. Miss Buchanan is a fluent French speaker and was attached to Base Hospital No. 6 as head nurse during the war. Later, she went to Italy under the American Red Cross Commission. She is a graduate of the Massachusetts General Hospital School of Nursing, of the Macdonald College of Household Science and St. Anne de Bellevue, P. Q., Canada. Tessa de Alberti, who went to Haiti, June 4 last, is her assistant.

Helen F. Dunn, American Red Cross public health nurse, has been appointed to succeed Mildred Williamson, assistant to Lucy Gillette, Field Representative to the Virgin Islands. Miss Williamson has resigned to be married. Her successor sailed for St. Thomas on November 14. She will be stationed at St. Croix. Miss Dunn is a graduate of the Russell private hospital school of nursing, Brewer, Maine, and served overseas from 1916 to 1919 with the Harvard Surgical Unit. She was in a shelled hospital and took part in the historic retreat when the Germans advanced on the Somme front before the Allied defensive became the victorious offensive that ended the Great War.

It is not often that one American Red Cross nurse in a lonely part of the world meets another comparatively near her. This was Rosa Fankhauser's experience in Java. She was transferred some time ago from Medan, Sumatra, to Tjisaroea, Java, and when on vacation, a thousand miles from her station, met Mary E. Howell who is stationed at Palembang. Miss Fankhauser writes to Miss Noyes:

"Oh! you don't know how I devour the *American Journal of Nursing*. It is the only touch of sympathetic understanding that I have. Every department seems a special challenge to me. After I read it, I usually have an attack of homesickness and I feel that I just must have a talk with some one of those wonderful women at home."

Harriette Sheldon Douglas, Director of the Service, Instruction in Home Hygiene and Care of the Sick up to November, 1921, is now doing social service work in Paris in connection with the American University Women's Club. She went there at the special invitation of Mrs. Whitelaw Reid. Many American Red Cross nurses who served overseas will recognize its location when they learn it is No. 4 Rue de Chevreuse, loaned by Mrs. Reid to Headquarters of the Red Cross, as Headquarters to the Commission to Europe.

## Section on Psychiatric Social Work

The fourth annual meeting of the Section on Psychiatric Social Work of the American Association of Hospital Social Workers took place in Denver, June 8 to 16, 1925.

Dr. Lawson G. Lowrey, Director of the Child Guidance Clinic, Cleveland, Ohio, traced the Trends of Development in Psychiatry and Its Community Relations, pointing out that while the Psychopathic Hospital has forged ahead, the development of the community clinic idea is even more striking. Hester B. Crutcher, Chief Social Worker of the Child Guidance Clinic, Minneapolis, led a round table on The Coöperative Work of a Child Guidance Clinic with other Welfare Agencies. She outlined a plan of close coöperation.

Amelia Massopust, Chief Social Worker, Manhattan State Hospital, New York, presented "Follow-up" from the psychiatric point of view, showing how the psychiatric social worker places equal importance upon the patient and his environment, and evaluates each from the aspect of physical, emotional and intellectual equipment.

A most interesting round table was led by Mary L. Whitehead of the Institute for Juvenile Research, Chicago, on The Use of Boarding Homes as a Part of Treatment in Psychiatric Social Work. Her findings were based on a study of a number of records previously used by a group of psychiatric social workers in Illinois. The main conclusions were that there is a tremendous danger in using the boarding home as an easy solution of a problem although used as an experimental procedure it becomes not only a treatment tool but a new avenue of investigation; that more emphasis should be laid on the adjustment of the child in his own home, that more work should be done from the viewpoint of record keeping in order to bring out the worker's technic with the patient, boarding house mother and parents.

The most outstanding committee work during the year was the completion of a pamphlet prepared by the Section entitled Vocational Aspects of Psychiatric Social Work. The pamphlet covers Methods, Personnel, Positions and Salaries, Extent and Distribution, a description of the various Centers of Work and a Bibliography. It may be procured for twenty-five cents through the Section or from the American Association of Social Workers, 130 E. 22nd Street, New York.



# NEWS

## The American Nurses' Association

Speakers of international prominence are included in the tentative program announced for the American Health Congress with which the American Nurses' Association will cooperate at their Biennial Convention, May 17 to 24, at Atlantic City.

At the four big sessions in which nurses will be especially interested, some of the big drawing cards will be Sir Arthur Newsholme, Dr. F. Norman White, of the League of Nations, Dr. W. D. Haggard, president of the American Medical Association, Prof. C. E. A. Winslow, president of the American Public Health Association, Dr. Ray Lyman Wilbur, president of Stanford University, and Dr. George Vincent, president of the Rockefeller Foundation.

Meanwhile the program committee of the American Nurses' Association, headed by Agnes G. Deans, is rounding into form what is expected to be one of the most interesting programs ever presented at a Biennial Convention. Their recommendations will be submitted to the Board of Directors at their meeting this month.

Enthusiastic annual conventions in Florida and Georgia and two interesting meetings in South Carolina were reported by Lillian L. White, field secretary of the American Nurses' Association, last month, on her return from a trip through the south.

She found a large attendance and a keen interest in nursing at the session in Daytona Beach, and reports that Florida nurses have decided to add one or two districts in the state this year. Stopping in South Carolina twice on her way to Georgia, she attended a successful luncheon meeting at Columbia and a good district session at Greenville.

Georgia nurses, meeting at Augusta, voted to install a state headquarters, the action coming after a trial of six months, Miss White said. A complete history of the nurses' association was read at the session.

Beginning this month, Miss White's territory will be the states of the far west and northwest.

An extensive tour of the districts of Pennsylvania was made by Edith J. L. Clapp, field secretary of the American Nurses' Association last month in compliance with the request of the state.

Miss Clapp conferred with district leaders, and spoke on the activities of the state association and its relation to Headquarters at meetings in Harrisburg, York, Johnstown, Pittsburgh, Erie, Wilkes-Barre and Bethlehem. She also addressed sessions at Beaver Falls, Chambersburg and Gettysburg.

Dora M. Cornelisen, secretary of the Minnesota State Board of Examiners of Nurses and secretary of the Minnesota Registered Nurses' Association, spent two weeks at Headquarters in December conferring with the representatives of the national nursing organizations and assembling information which she expects will be of value to her in administering the duties of a part-time secretary.

Miss Cornelisen brought a fresh angle on the problems and achievements of Minnesota, and it is hoped that other secretaries will have opportunities to visit headquarters and to take advantage of the educational phases of its work.

## Nurses' Relief Fund

### REPORT FOR NOVEMBER, 1925

Balance on hand, October 31, 1925,	\$23,047.36
Interest on bonds.....	520.30
Interest on bank balance.....	12.96

### Receipts

California: Dist. 1, Alameda County, \$4; Dist. 2, Fresno County, \$71; Dist. 5, Los Angeles County, \$14; Dist. 7, Sacramento County, \$11; Dist. 13, Santa Cruz County, \$1; Dist. 17, San Luis Obispo County, \$8; Dist. 18, Long Beach City, \$15.....	124.00
Florida: State Nurses' Association	1.00
Georgia: Dist. 1, St. Joseph's Al. Association, \$16; Dist. 4, \$5; Georgia Baptist Hosp. Al. Assn., Atlanta, \$15.....	36.00
Indiana: Fort Wayne—Lutheran Hosp. Al. Assn., \$61; Hope Hosp. Al. Assn., \$17; Gary—St. Mary's Hosp. Al. Assn., \$6; Lafayette Home Hosp. Al. Assn., \$43; Indiana University School of Nursing, Al. Assn., \$50; W. B. Fletcher Sanitarium Al. Assn., \$25; Epworth Hospital Al. Assn.,	

\$21; Huntington County Hosp. Al. Assn., \$20; Hayden Hospital Al. Assn., \$12; individual members, \$69	324.00	Salem -----	35.00
Maine: Central Dist., \$16; Graduate Nurses of St. Marie Hospital, \$5; St. Marie Hospital Al. Assn., \$5	26.00	North Dakota: One individual...	6.00
Maryland: University of Maryland School of Nursing Al. Assn., Baltimore, \$100; members of Maryland Homeopathic Hosp. Al. Assn., \$20	120.00	Pennsylvania: Allegheny General Hosp. School of Nursing, Pittsburgh -----	100.00
Minnesota: State Registered Nurses' Assn., \$200; Dist. 3, St. Barnabas Hosp. Al. Assn., \$50; four individuals, \$4; Dist. 4, one individual, \$1	255.00	Texas: Dist. 1, El Paso, \$14.50; three individuals, \$3; Dist. 4, Dallas, \$50 -----	67.50
Montana: Dist. 3 -----	5.00	Washington: Tacoma Nurses' Association -----	11.00
New Jersey: Dist. 1, Orange Memorial Hosp. Al. Assn., \$10; individual members, \$11; interested friend, \$1; Dist. 2, Passaic General Hosp. Al. Assn., \$40; Paterson General Hosp. Al. Assn., \$96; Barnert General Hosp. Al. Assn., \$30; Dist. 3, Mercer Hosp. Al. Assn., \$15; St. Francis Hosp. Al. Assn., \$31; McKinley Hosp. Al. Assn., \$29 individual members, \$15; Dist. 5, individual members, \$11; Dist. 6, Bridgeton Hosp. Al. Assn., \$25; individual members, \$6 -----	375.00	Wisconsin: Milwaukee County Hospital Training School Al. Assn., Wauwatosa -----	25.00
New York: Dist. 1, Niagara Falls Memorial Hosp. Al. Assn., \$10; Dist. 2, Rochester Homeopathic Al. Assn., \$25; Clifton Springs Al. Assn., \$25; District 3, Arnot-Ogden Al. Assn., Elmire, \$25; Dist. 5, Johnson City Hosp. Al. Assn., \$1; individual members, \$7; Dist. 6, Hepburn Hosp. Al. Assn., Ogdensburg, \$17; collection at district meeting, \$15.88; Dist. 7, Faxon Hosp. Al. Assn., Utica, \$25; Utica Homeopathic Hosp. Al. Assn., \$25; Utica General Hosp. Al. Assn., \$15; Dist. 9, Troy Hosp. Al. Assn., \$25; Hudson City Hosp. Al. Assn., \$10; Dist. 13, two individuals, \$11.45; City Hosp. Al. Assn., \$25; one individual, Babylon Nurses' Home, \$10 -----	272.33	Benefit check returned, beneficiary deceased -----	15.00
North Carolina: Dist. 2, Winston-		Total receipts -----	\$25,378.45
		<i>Disbursements</i>	
		Paid to 78 applicants -----	\$1,165.00
		Printing applicat'n blanks -----	22.00
		Stationery -----	8.87
		Shipping expense (leaflets) -----	2.16
		Exchange on checks -----	.65
		Interest on American Nurses' Association Nurses' Relief Fund Savings Account, left in that account -----	12.96
		Total disbursements -----	1,211.64
		Balance on hand, November 30, 1925 -----	\$24,166.81
		Invested funds -----	83,531.14
		Balance in American Nurses' Association Nurses' Relief Fund Savings Account -----	5,101.56
			\$112,799.51

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman; she, in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks to the Headquarters office of the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. Requests for leaflets should be sent to the Director at the same address. For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

Note.—The contribution of ten dollars

credited to the Ithaca City Hospital Nurses' Alumnae Association in the December number of *The American Journal of Nursing*, under New York, District 5, should be credited to the student body of the Ithaca City Hospital.

### *The Isabel Hampton Robb Memorial Fund*

REPORT TO DECEMBER 8, 1925

Previously acknowledged .....	\$30,143.94
Missouri States Nurses' Association .....	25.00
Wisconsin State Nurses' Association .....	25.00
	<hr/>
	\$30,193.94

MARY M. RIDDLE,  
Treasurer.

### *The McIsaac Loan Fund*

REPORT TO DECEMBER 8, 1925

November 10, balance..... \$ 516.79

#### *Receipts*

Missouri State Nurses' Association .....	25.00
Wisconsin State Nurses' Association .....	25.00

December 8, balance..... \$ 566.79

MARY M. RIDDLE,  
Treasurer.

Contributions to these two funds are solicited from nursing organizations and from individuals. Checks should be made out separately to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

### *National League of Nursing Education*

Included in the announcement in the December *Journal* that Hotel Strand had been selected as Headquarters for the National League of Nursing Education at the Biennial Convention in Atlantic City, May 17-22, were the rates for rooms at the Strand. Since this announcement was published, later quotations have been received which are herewith given. Notice is called to the fact that the difference in rates as stated in the December *Journal* and in this issue relate chiefly to rooms for one person with bath and rooms for two persons without bath.

Rates—American Plan: Rooms without private bath, one person, \$9; two persons, \$16. Rooms with private bath, one person,

\$10, \$11, \$12; two persons, \$18, \$20, \$22 and \$24.

A limited number of single rooms without private bath at \$8 a day; a few double rooms without private bath at \$15 and a few double rooms with private bath at \$16 a day. Rooms without bath have hot and cold running water. Rooms with bath are supplied with salt and fresh water. For each additional person, sharing one of the double rooms, there is an extra charge of \$6 a day for meals.

Hotel Strand is conducted strictly on the American plan.

Recent guests of particular interest at National Headquarters were Sister St. John and Sister Mary of Jesus who were sent to this country by the government of Chile to study the care of children. The Sisters, who have visited the eleven cities, going as far west as St. Louis and Rochester, Minnesota, say they "have learned much."

### *Army Nurse Corps*

During the month of November, 1925, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs, Ark., 2nd Lieuts. Nina Dandois, Delila M. Sparks; to Station Hospital, Fort Leavenworth, Kans., 2nd Lieut. Martha Nowinski; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Lyda Rogers, Pauline Mitchell, Florence I. Barnhart, Bernice W. Chambers, Anna L. Hart, Clara Moerk, Kathryn L. Ruhan, Ida May Shlevin; to Station Hospital, Camp Lewis, Wash., Maude A. Spinner; to Station Hospital, Fort Riley, Kansas, 2nd Lieut. Marie Jedamus; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieuts. Emma E. Elliott, Mary Everett, Bertha Purcell, Harriet M. Whitney, Mary L. Carney; to Station Hospital, Fort Sheridan, Ill., 2nd Lieut. Sara Connerth; to Station Hospital, Fort Sill, Okla., 2nd Lieut. Harriet E. Converse.

Thirteen nurses have been admitted to the Corps as 2nd Lieutenants.

The following named, previously reported separated from the service, have been reassigned: 2nd Lieuts. Bertha Tuell, Laura Stevenson, Elsie M. Smith, Bessie G. Day and Annie G. Fox.

The following named are now under orders for separation from the service: Ethel M. Barton, Ruth G. Beaver, Synneve Y. Eikum, Clara E. Ellwanger, Margaret E. Hyde, Ruth McGlothlin, Evelyn L. McMillan, Virginia

Rochardson, Frances Sawicki, Bertha L. Schultz and Lillian Stein.

JULIA C. STIMSON,  
Major, Superintendent, Army Nurse Corps.

### *Navy Nurse Corps*

#### REPORT FOR NOVEMBER

*Assignments:* Three.

*Transfers:* To Canacao, P. I., Margaret B. Brewer, Reserve Nurse; to Chelsea, Mass., Mary Peoples; to Great Lakes, Ill., Agnes B. Cameron, Anna G. Keating; to Guam, Alice G. Boyd, Genevieve C. Brown; to Haiti, Sara B. Myer, Chief Nurse; to League Island, Pa., Margaret E. Jones, Chief Nurse, Harriet A. Chism, Nurse, U. S. N.; to Mare Island, Calif., Ruth E. Metcalf, Grace Sanner, Anna F. Patten; to New York, N. Y., Gertrude A. Kleisus, Dema V. Leopold; to Norfolk, Va., Mary A. Murphy, Elizabeth S. Hopkins, Chief Nurse; to Parris Island, S. C., Laura Hartwell; to San Diego, Calif., Viola M. Visel, Elizabeth J. Keavey, Carrie S. Albright, Margaret W. Barnes, Mary Hennemeier, Eva E. Wells, Anna G. Mays.

*Honorable Discharge:* Mary Lillian Drohan, Mary Agnes Murphy, Florence S. Qualman, Cora Eastman, Katherine C. Hansen.

*Resignations:* Eula B. Mathews, Catherine M. D. Brophy.

J. BEATRICE BOWMAN,  
Superintendent, Navy Nurse Corps.

### *U. S. Public Health Service Nurse Corps*

The following transfers, reinstatements and assignments have been made in the U. S. Public Health Service during the month of November:

*Transfers:* Dena E. Means, to Baltimore, Md.; Helen Sprull, to Pittsburgh, Pa.; Belle Rush, to Fort Stanton, N. M.

*Reinstatements:* Nancy Kirby Pearl, Ellen Morris, Bessie Burill, Leora Branigan.

*New Assignments:* Nine.

LUCY MINNIGERODE,  
Supt. of Nurses, U.S.P.H.S.

### *U. S. Veterans' Bureau Nursing Service*

#### REPORT FOR NOVEMBER

*Assignments:* Fifty-five.

*Transfers:* To Maywood, Ill., Anna K. Steger; to Ft. Bayard, N. M., Una M. Arnold; to Boise, Idaho, Daisy Meacham; to Legion, Tex., Anabel Marger; to Lake City, Fla., Lulu Montgomery, Mary E. Wiseman; to

Philadelphia, Pa., Mary A. Moynihan, Bertie Campbell; to Aspinwall, Pa., Laura Hazelwood; to Atlanta, Ga., Mary A. West; to Northampton, Mass., Rose M. Avery, Margaret McGillicuddy; to Tupper Lake, N. Y., Margaret Sullivan; to Waukesha, Wis., Carrie Christian; to North Little Rock, Ark., Nan Sullivan; to Whipple, Ariz., Mary A. Mills, Luella McDonald; to Chillicothe, O., Lena B. Granner; to Camp Custer, Mich., Nettie J. Heyer.

During the past month, Mary A. Hickey, Superintendent of Nurses, visited the following hospitals and Regional Offices for the purpose of supervising the work of the nurses and making constructive plans for the betterment of the work: Oteen, N. C.; Fort Thomas, Ky.; Cincinnati, Ohio; Indianapolis, Ind.; Jefferson Barracks, Mo., and St. Louis, Mo.

MARY A. HICKEY,  
Supt. Nurses, U.S.V.B.

### *Civil Service Examination*

The United States Civil Service Commission announces an open competitive examination for the positions of trained nurse and trained nurse psychiatric, for position in the Panama Canal Service. The lists close January 30. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or the secretary of the board of U. S. civil-service examiners at the postoffice or custom house, any city.

### *The American Public Health Association*

The nine branches of The American Public Health Association springing from the trunk of scientific study and humanistic interest, met in St. Louis, October 19-22. From this meeting grew a better understanding and a more fruitful outcome for this organized effort of private and public agencies. After fifty-four years of study and practice, the association has pushed its way into many fields of usefulness and made itself felt from the small rural districts to the Capitol of the nation.

The program was of great interest, as it covered the various new problems that have arisen in the past year and touched again upon the oft discussed questions that seem ever new to the many who come for the first time to these gatherings.

The nurse, as a private worker in the past, was one who made the sick comfortable and



helped him back to health. Now, as a public worker, she must understand all the means and agencies that will prevent illness and she must have an intelligent appreciation of her co-workers.

The writer wandered from one section to another, selecting a paper here and there, in order to learn what part was ours and also for general information on subjects in which we might take more part than we do. After a general session in which each section told of its program during the year, the days were passed in separate sessions.

The good and bad points of the oyster were discussed by the Laboratory, Public Administration, Sanitary Engineering, and Food and Drugs sections, who occupied another day with the new work in Epidemiology. Vital Statistics, so useful to the public health nurse, was given a hearing that covered climates and accidents, the close connection with child problems, and its value from the prenatal period of life to the grave.

Health education and publicity measures were clearly demonstrated by doctors, health officers, secretaries and statisticians. Administrative matters were brought forward by those who had charge of such posts as, schools of dentistry, state health departments, social hygiene, and dependent children. Sanitary engineering proved its invaluable help in eliminating unhealthy conditions from the mosquito to the Chicago drainage. The complete program of health education was discussed by teachers, nurses, biologists, and others. Food and drugs sections talked over many things of interest to the nurse who must know nutrition values and dangers; while Mental Hygiene occupied an important morning, leaving one with the feeling that perhaps, after all, "the brain's the thing."

It was flattering and yet awe inspiring to a nurse to hear in so many sections that her help was of great importance in carrying out the object of that section. Apparently, we have a good record in communicable disease, yet I heard a doctor remark that he did not believe any nurse could take care of measles and scarlet fever without contaminating the two patients. This, after a lengthy report to the contrary had been made in the forum where such questions were discussed.

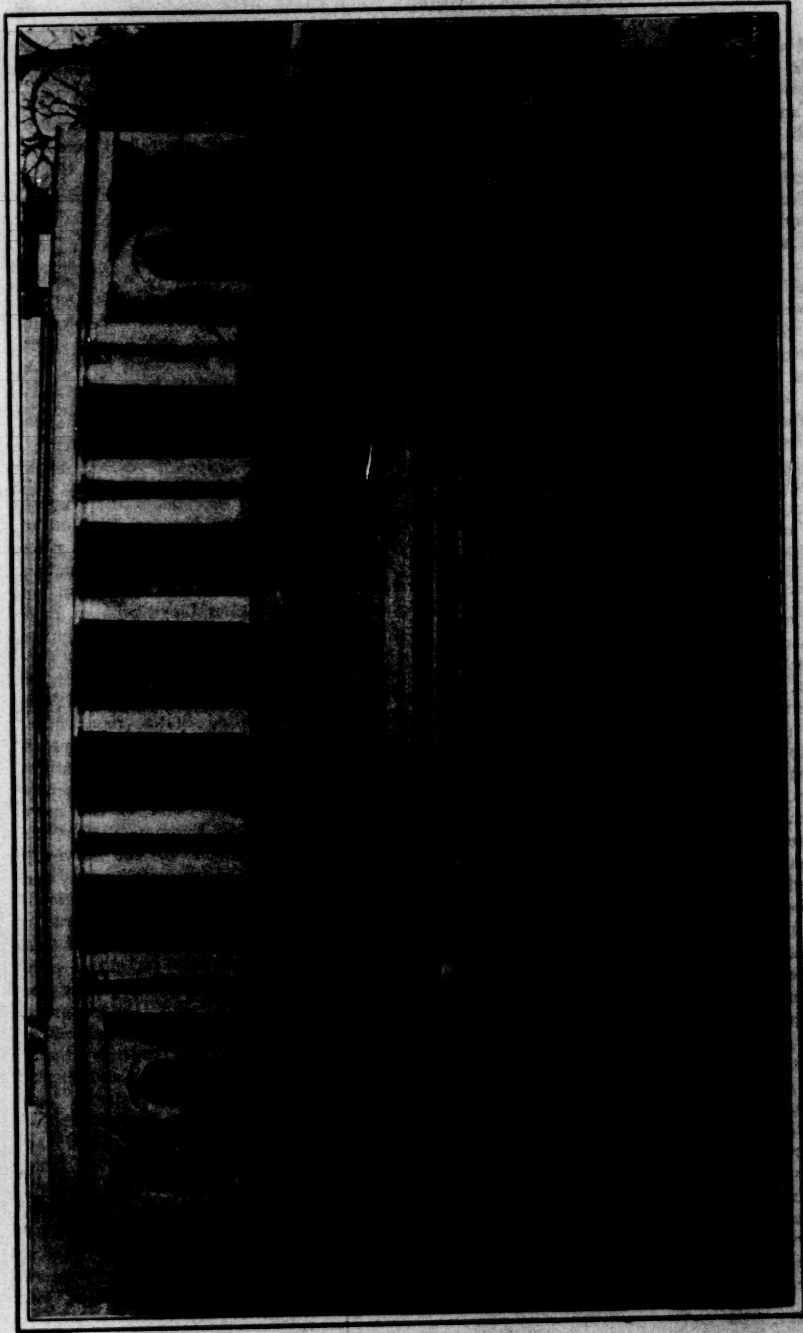
The old bugbear of the interference between public and private agencies was one that only the nurse seems to escape, as it was agreed that she held "the family" in her hands, either publicly or privately, as an individual or a

community unit. To meet this demand for cooperation in all ways, the nurses felt the need of a higher standard of education. The problem of "how much must be required of the public health nurse" was talked over and it was decided that the supervisor is of importance and that the educational background and experience must be widened for the supervisor if women of higher education are to be attracted to the general field.

Time was taken by many to see the points of interest that the St. Louis Health Department had to show. Relaxation and pleasure were furnished by dances and dinners. One felt that the days were well spent in listening to the papers and talks of the men and women who are giving so much thought and labor to help this modern world.

### *International*

The second annual meeting of the Nursing Advisory Board of the Nursing Division of the League of Red Cross Societies took place in Paris, August 12 and 14. The members present were the Baroness Mannerheim, of Finland, presiding; Miss Lloyd-Still, of England; Miss Munck, of Denmark; the Countess d'Ursel, of Belgium; the Marquise di Targiani Giunti, of Italy; Madame Mascart, of France, representing Mlle. Flourens; and Miss Gardner, of the United States, representing Miss Fox. As the result of three days of vigorous discussion, sixteen recommendations were prepared to be submitted to the Director General of the League. Some of the more important points in the recommendations are as follows: All members of the Advisory Board to be trained (or graduate) nurses and to be appointed for five years; that National Nursing Advisory Committees be formed in all countries associated with the League; that the educational requirements for entrance to Red Cross Schools of Nursing should be matriculation or its equivalent; the minimum age of admission eighteen years; and the three years course of theory and practice should include medical, surgical, children's and obstetrical service, the study of psychopathic and infectious disease and at least four months of public health nursing; that in each country an enrollment of nurses (other than those from Red Cross Schools) available in time of need, be made; that conferences of Red Cross nurses be encouraged; that a field adviser be added to the Staff of the Nursing Division; that a further study of the need for an International Red Cross nursing publication be made.



CAPTURED AT THE EAST FRONT OF THE WHITE HOUSE JUST AFTER THE RECESSION BY MISS COOLIDGE

Left to right: E. M. Lawler, Susan C. Franch, Jessie J. Turnbull, Mary A. Hickey, Mary M. Roberts, Annie W. Goodrich, Adda Eldredge, Ada M. Carr, Anne L. Hansen, Clara D. Noyes, Florence M. Johnson, Lucy Minnigerode, Mary A. Moran.

### State News

**Alabama:** THE ALABAMA STATE NURSES' ASSOCIATION held its annual meeting in Selma, October 20, at the Junior High School. Monday, the 19th, was given to registration, auto rides, and a luncheon given through the courtesy of the Rotary Club. The Board of Directors met in the evening, with eight present. Lillian White, field secretary of the American Nurses' Association, and Linna Denny, State Red Cross chairman, were also present by request. A committee was appointed to formulate plans for a paid secretary for the State Association who would also serve as secretary-treasurer of the examining board. Members of this committee are Jessie Matriner, Bertha McElderry, and Ida Inscor. Following this meeting, the guests were entertained lavishly at the Ex-Ki-Ro Club Rooms. The convention was opened the next morning at 9 a. m., Mary Murphy presiding. The invocation was given by Rev. J. P. Tucker; addresses of welcome by Hugh Mallory in behalf of the City, Dr. W. W. Harper for the Dallas County Medical Society, Miss Kahle for the Selma nurses, Mrs. J. F. Hooper for the Women's Clubs; Response, Miss Beavers. The program which followed included an address on Red Cross Nursing by Clara D. Noyes; address of the President; talk on Public Health by Jessie Marriner. Linna Denny gave an interesting report of the International Council meeting in Helsinki. Miss White gave an interesting talk on *The American Journal of Nursing*, this being its 25th birthday. Reports from the districts showed activities of social and civic nature, each district reporting social service and financial care of its sick poor. At 1 p. m. a luncheon at the Ex-Ki-Ro Club rooms, was given as guests of the Pilot Club, an interesting program was rendered, song to Miss Noyes, our guest, and to the services of a nurse, written by a member of the Club. The afternoon session began at 3 p. m., Dr. F. G. DuBose, Selma, presiding. Invocation, Rev. E. W. Gamble. What the District Association Means as an Asset to a Community, Mrs. Paul Martin, Montgomery; How Does the Training of Nurses under the Present Curriculum Compare with the Training of Nurses of 1910; A. Is it to the advantage of the nurse? Miss Kruger; B. The hospital she was trained in, Miss M. Malone; C. The patient she cares for, Mrs. L. Lemar; D. The doctor she assists, Dr. F. G. DuBose. The private duty nurses and the State League of

Nursing Education held sessions after this meeting. The report of the nominating committee was accepted and during the counting of the ballots, Miss White, field secretary of the A.N.A., gave an interesting talk on alumnae associations. The following officers were elected: President, Annie M. Beddow, Norwood Hospital, Birmingham; vice presidents, Zoe LaForge and Linna Denny, Birmingham; secretary, Gertrude Hoerig, St. Vincent's Hospital, Birmingham; treasurer, Ruth Davis, Vaughn Memorial Hospital, Selma. Chairmen of Committees are: Ways and Means, Margaret Murphy, Mobile; Nominating, Eunice Ward, Montgomery; Program, Bertha McElderry, Talladega; Relief Fund, Helen Stockton, Birmingham; Publicity, Catherine A. Moulitis, Birmingham; Printing, Bertha Clement, Birmingham. At 7 p. m., a banquet was enjoyed at the Ex-Ki-Ro Club rooms by Kiwanis, Exchange and Civilian Clubs, vocal and instrumental selections by local artists, talks by Miss White, field secretary, A. N. A.; Clara D. Noyes, Director Red Cross Nursing Service; Miss Murphy, retiring president; Miss Beddow, newly elected president, and Miss Marriner, Director State Public Health Nursing. This was followed by a dance given by the Selma doctors at the Armory. Birmingham.—DISTRICT No. 1, on October 22, had the pleasure of having Miss L. L. White, field secretary of the A. N. A., give a most interesting talk on *The American Journal of Nursing*, registries and organization. Tea was served and a visit to St. Vincent's Hospital enjoyed.

**California:** In California, this coming summer, there will be courses given at the University of California in Berkeley, and at the Southern branch of the University in Los Angeles. In Berkeley there will be two courses of six weeks each; one in Nursing Education of interest to Directors and Instructors of Schools of Nursing, under the direction of Carolyn E. Gray; the other in Public Health Nursing, under the direction of Edith S. Bryan. In Los Angeles there will be one course, covering six weeks, in Public Health Nursing, under the direction of Lillian Simpson. For information concerning these courses, apply to the Dean of the Summer Session, University of California, Berkeley, or Southern Branch, Los Angeles.

**Colorado:** THE COLORADO STATE GRADUATE NURSES' ASSOCIATION held its fall meeting, November 7, in Canon City. This is the

social meeting of the year. A short business meeting was held. Edith Johnson, of Colorado Springs, gave a very interesting paper on Practical Application of Sociology to the Various Branches of Nursing. The afternoon was spent on some lovely drives about the city and tea was served by Mrs. Roberts upon the return. That evening Mrs. Chappel opened her home to the nurses where a most delicious banquet was served. About thirty-five nurses attended.

**Connecticut:** THE GRADUATE NURSES' ASSOCIATIONS OF CONNECTICUT will hold their annual meetings at the Hotel Stratfield, Bridgeport, January 26-28. The Connecticut Organization for Public Health Nursing will meet the 26th; the Graduate Nurses' Association on the 27th; and the Connecticut League of Nursing Education on the 28th. There is to be a joint meeting of the three organizations the evening of the 26th, and a banquet on the evening of the 27th.

**Delaware:** The fall meeting of the DELAWARE STATE ASSOCIATION OF GRADUATE NURSES was held in the Hotel Dupont on November 17, 1925. The business meeting, which was held on the mezzanine floor, was followed by a dinner in the Club Room. Clara D. Noyes, Chairman of the National Committee of Red Cross Nursing Service, was a guest at the dinner and gave a very interesting and delightful talk on the nursing services of the American Red Cross. Mrs. Clarence Fraim, president of the Delaware State Federation of Women's Clubs, was also present and in a brief address brought greetings from that Association. The dinner was attended by sixty nurses. **Wilmington.**—Mary A. Moran, who has been for some years instructor for the Red Cross, has resigned her position to become Superintendent of Nurses at St. Luke's Homeopathic Hospital, Philadelphia.

**District of Columbia:** The November meeting of the DISTRICT OF COLUMBIA LEAGUE OF NURSING EDUCATION was held at the Nurses' Home, St. Elizabeth's Hospital. Dr. Arthur P. Noyes, First Assistant Physician, gave a most interesting talk on some aspects of mental diseases. A social hour followed.

**Florida:** The meeting of the FLORIDA STATE NURSES' ASSOCIATION was held in Daytona, November 16 and 17, the meetings being held in the Palmetto Club. The Convention opened at 9 a. m. with Mrs. Lucy Knox

McGee, President, in the chair; invocation by Rev. Mr. Walker, followed by addresses of welcome by Mr. Pierson, Secretary of the Chamber of Commerce and by Mrs. George W. Parker, President of the Palmetto Club. After the address by the President, the regular order of business was carried out. One of the subjects to come before the convention, was the final agreement of a form for membership transfer cards to be used among the Districts and another form to be used by nurses going out of the State. It was also decided that a new District be formed with Fort Meyers as its nucleus. The matter was referred to the Revision Committee for proper handling. This will make seven districts in the State. The meeting adjourned and a luncheon was given at the Williams Hotel to the members of the Convention by the nurses of District No. 6. In the afternoon, an address was made by Rev. D. H. Rutter, after which the business meeting was continued. Following the afternoon session, a delightful ride to Daytona Beach, Ormond and Seabreeze and tea at Sunset Inn were provided by the Daytona Shores Realty Company. Prominent among the social features tendered the visiting nurses was the reception and dance given Monday evening at the Palmetto Club. Members of the Club, and representatives of other woman's organizations of the city were in the receiving line. The second morning was given over to the Public Health Nursing Section, Byrtene Anderson presiding, in the place of Joyce Ely, Chairman, who was absent. A very interesting program, dealing with public health nursing in its different phases was given. At noon the members of the association were guests at a luncheon given by the Palmetto Club. During the afternoon session, the unfinished business of the association was completed. Among the most interesting subjects brought up was the discussion of a means of securing the names of members of the association who expect to attend the biennial convention of the American Nurses' Association, in order that the delegates and alternates from Florida might be appointed. It was decided that the District Associations be instructed to send to the State Secretary names of members who anticipate attending this Convention, so that appointments can be made. The State Association was authorized to pay a small sum toward the expenses of these delegates. Another matter of interest which was discussed at length was the question of a paid



secretary. The final decision was that a part-time paid secretary be secured for one year. Lakeland was selected for the next meeting, to be held next November. The election of officers resulted as follows: President, Mrs. Lucy Knox McGee, Jacksonville; vice presidents, Zela Johnson, Miami, and Ruth Mettinger, Jacksonville; secretary, Rosa B. Paschal, Jacksonville; treasurer, Bertha Rowe, Daytona. The association gave a rising vote of thanks to Lillian White, Field Secretary of the American Nurses' Association and Frances Brink of the N.O.P.H.N. for their assistance in conducting this meeting and for the encouragement and enthusiasm which they imparted to the Convention. The *Journal* table had two tall green candles to match the small ones, with the big birthday cake in the center.

**Georgia:** THE GEORGIA STATE NURSES' ASSOCIATION held its nineteenth annual meeting, November 23-24, at Richmond Hotel, Augusta. The morning session was given to general routine business of the Executive Board. Registration took place at noon. The afternoon session was called to order by the President, Jean Harrell. Invocation by Rev. M. M. MacFerrin. This session was given to general routine business and reports from the districts, alumnae, committees, and State Board of Examiners. Jane Van De Vrede, Secretary of the Board of Examiners, gave an excellent report on the work of the Board for the year. Two hundred and five applicants qualified as Registered Nurses. Twenty-two of the applicants were College graduates or had at least one year of College work. Two of the highest marks made were made by two of these applicants. When the meeting adjourned, a delightful reception and tea was enjoyed at the Wilhenford Hospital. The Monday evening session was opened with music. Invocation, Rev. Edgar C. Lucas. Addresses of welcome, Hon. Henry Grady Howard, of the City Council and Dr. C. S. Lentz, Superintendent of the University Hospital; response, Jane Van De Vrede, Atlanta. The splendid address of Helen F. Greaney, *Advantages to Private Duty Nurses in Belonging to Nursing Organizations*, was most instructive and inspiring. She urged all young graduates to get in touch with their alumnae and to keep in touch with it, for it is only through the alumnae district, state and national associations that they can remain in good standing in other states where they may wish

to practice their profession. The President, Jean Harrell, in an address of greeting, made a plea for better cooperation in our profession and nursing organizations, and better support of the A. N. A. The Tuesday morning session was given to the Red Cross, Lucy Hall presiding. Reports of the Annual Meeting of the American Red Cross Nursing Service and Local Committees were read. Interesting addresses by Clara D. Noyes and Mrs. Charlotte Heilman were enjoyed. After a short business session of that section, the Nursing Education section was called to order, Mrs. Eva S. Tupman presiding. Interesting papers were: Occupational Therapy, Colonel M. C. Baines; What Should Be the Requisite Standard of Education for a Student Nurse? Honor Mary Burke. Case Records in Training Schools, E. Alma Brown. Dr. E. E. Murphey, Medical Department, University of Georgia, spoke on the need for highly educated nurses. Jessie M. Candlish gave an excellent report of the convention of the National League, last May, in Minneapolis. Eva S. Tupman read a report of the work of that section for the year. After a short business session the meeting adjourned. At the Private Duty Section, Margaret Dorn presided. Dr. A. J. Kilpatrick, Professor of Obstetrics, University of Georgia, gave a very instructive talk, *The Nurse's Assistance to the Doctor*. Mrs. Helen Jenkins' paper, *Why I Prefer Obstetrical Duty* was ably discussed by Mrs. J. A. Akerman. *Insulin in the Treatment of Diabetes*, by Dr. V. P. Sydenstricker, was read. *My Impression of Private Duty Nursing*, Julia Smith, Student from Georgia Baptist Hospital, Atlanta. *Is It to the Interest of Our Profession for Nurses to Specialize in Private Duty Work?* Lucia Masse. Address by Helen F. Greaney. A short business session followed. A delightful reception, compliments of Richmond County Medical Association, was enjoyed at Augusta Country Club from 5:30 to 7:30. The principal speakers Tuesday evening were Clara D. Noyes and Lillian White. Miss Noyes told of her interesting visit to Finland during the International Congress. Miss White spoke on the organizations connected with the nursing profession. Wednesday morning was devoted to the Public Health Section, Virginia P. Gibbs presiding. Interesting papers were read by Beula Carrington on *Industrial Nursing*; Dr. W. A. Mulherin, *Lactic Acid Milk*; Madeline McGinley, *Tuberculosis*. Discussion was lead by Emma Habenicht, Mary Mackenzie Smith,

Anne Hellner, Mrs. Isadore Herrman and Agnes Campbell. The address by Frances Brink, from the N. O. P. H. N., was most instructive. At this meeting this Section adopted a plan for a State Organization of Public Health Nurses. It was agreed that this organization meeting be held at the same time and place as the annual meeting of Georgia State Association of Graduate Nurses. After a short business session, the meeting adjourned. The afternoon session was devoted to business, election of Officers, reports of Resolution Committee and miscellaneous business. Lucy Hall of Savannah was elected President; Jean Harrell, Atlanta, and Anna Brundage, Atlanta, vice presidents; Agnes P. McGinley, Athens, secretary; Jane Van De Vrede, Atlanta, treasurer, and Mrs. Lillian Reid, counselor. The meeting came to a brilliant close Wednesday evening at the Hotel Richmond, the occasion being a sumptuous banquet which culminated in a dance. Through the courtesy of the Second District each of the fourteen guests of honor received a corsage of roses and ferns as she entered the banquet hall. Miss Noyes was presented with a huge bouquet of roses. In the center of the honor guest table, a huge birthday cake holding forty-three candles representing the number of *American Journal of Nursing* subscriptions taken during the convention, was placed. This cake was cut by Helen Greaney. Many varied features of entertainment took place which gave genuine pleasure to all. One of the most interesting features of the meeting was the forward step made in a final decision for a State Headquarters. The Association has for some time felt a great need for an efficient secretary. All are looking forward to a more rapid growth of the Association, and the efficiency gained through a secretary will be appreciated and helpful, not only to our own State Association, but to other States who wish information. Jane Van De Vrede will act as secretary in conjunction with her work on the State Board. It was voted to hold the 1926 meeting in Savannah. Savannah. —THE PARK VIEW SANITARIUM ALUMNAE ASSOCIATION held a meeting in November which was attended by representatives of every class from 1902 to the present time. It was an important occasion, as it was the last meeting to be held in the Sanitarium which closed its doors on December 1st. Mrs. Crotty gave an interesting report of the recent State meeting. A paper written by Helen F. Greaney, chairman of the Private Duty Sec-

tion of the American Nurses' Association, was read by Mrs. Clapp. A paper giving reminiscences of the Sanitarium was read by Mrs. Cassells. A committee of which Mrs. Bryant is chairman was appointed to draw up resolutions of regret on the closing of the Sanitarium. All students' records will be kept by the Association. Student nurses who desired to complete their training were transferred to the Savannah Hospital.

**Idaho:** A regular meeting of the IDAHO STATE ASSOCIATION OF GRADUATE NURSES was held on November 3, at the Blue Triangle House, Boise. The most important business transaction was the adoption of a recommendation from District 2 concerning a new schedule of charges for private duty nurses. The adopted changes tend to make this schedule more like those of the neighboring States. Dr. J. L. Stewart, of Boise, gave a most interesting and instructive talk on "Thyroids." A number of musical selections followed, and refreshments were served. The members of the senior classes of the three near-by training schools were invited guests, and a good number of Association members were present.

**Illinois:** Chicago.—THE AMERICAN HOSPITAL has broken ground for the erection of a four story, fireproof addition. Moline.—THE LUTHERAN HOSPITAL ALUMNAE held their annual meeting November 5, in the Nurses' Home. Officers elected were: President, Hilda Kronholm; vice presidents, Ella Johnson, Anna Oakburg; secretary, Pearl Anderson; treasurer, Trinnie Eisenbiel. At the meeting held on December 3, Ella Johnson gave an interesting report on the International Council of Nurses' meeting in Finland. Peoria.—THE SEVENTH DISTRICT ASSOCIATION held a meeting at the Peoria State Hospital, December 4. Dr. Esther Stone gave an interesting address. Miss G. C. Redfern, state dietitian, assisted by the nurses, served luncheon.

**Indiana:** Ft. Wayne.—THE FIRST DISTRICT ASSOCIATION held its seventh annual meeting on November 14, at the Wolf and Desauar Auditorium with a noon luncheon. Dr. J. W. Bowers of Ft. Wayne gave a very interesting address on "The Nurse." Mrs. Alma H. Scott, executive secretary, was a guest of honor. There were seventy nurses present. Officers elected for two years are as follows: President, Anna Holtman, Ft. Wayne; vice presidents, Clara Forrester, Ft.

Wayne, and Elizabeth Holland, Kendallville; secretary, Mrs. Lottie B. Keller, Ft. Wayne; treasurer, Maud Jones, Ft. Wayne. The next meeting will be held at Bluffton, on January 9, 1926.

**Kansas:** At the KANSAS STATE MEETING, the meeting of the Advisory Council, on October 8, which was open to all members present, was an interesting one. Lillian White, Field Secretary of the American Nurses' Association, gave a splendid address on The Gospel of Organization. She told of the development of nursing in America and the important part which organization has had in raising the standards of nursing which are constantly being improved. Members of districts and alumnae associations gave interesting reports of their activities. At the first business session, the Legislative Committee recommended that every nurse in the state work harder toward a Chair of Nursing Education, not only in our State University but in various colleges located over the state. Rose Ehrenfeldt spoke at the evening session on The New Order of the Red Cross which became effective in February last. The work may now be carried on through the National Headquarters office in Washington and through two original branch offices, one in San Francisco and one in St. Louis. "Fortunately the Red Cross can always be counted on to have a staff of workers with ideals and who are willing to close ranks at any time and march on, feeling sure that if at any time it were necessary, other workers could be added to meet every emergency." Dr. Carl Menninger, Psychiatrist of the Mental Hygiene Clinic, Topeka, and Advisor in Mental Hygiene, National Federation of Women's Clubs, gave a lecture on Nursing the Sick Mind. Members of the State Association will be interested to know that a copy of the proceedings will be mailed with each membership card for 1925-1926. If any have changed their addresses lately, please notify the Secretary. The 1926 meetings will be held in Coffeyville. Topeka.—Clara Louise Kleininger has returned to her home after spending three years in Brazil where she was the first Director of the School of Nursing of the National Department of Public Health. This is the first modern school of nursing in Brazil and the Rockefeller Foundation assisted the government in establishing it. Wichita.—THE SIXTH DISTRICT ASSOCIATION met on December 5 at the Twen-

tieth Century Club House, with a large attendance. It was an interesting meeting, arranging to help with Christmas. A social hour followed the business session. The next meeting will be held on January 2.

**Louisiana:** THE LOUISIANA NURSES' BOARD OF EXAMINERS at a recent meeting elected Dr. George S. Brown, President. Julie C. Tebo is Secretary-treasurer.

**Maine:** THE MAINE STATE NURSES' ASSOCIATION will hold its annual meeting at the Bangor House, Bangor, on January 8 and 9, with the following program: *Friday morning, January 8.*—Registration. Reports from presidents of three districts. Reports from committees,—Relief Fund, Red Cross, Legislative. President's address. *Friday afternoon.*—Prayer. Address of welcome by the mayor. Response. Mental Hygiene with stress on what the nurse should know about commitment laws of Maine, Dr. Carl J. Hedin, Supt. State Hospital at Bangor. Some Points of Interest to Nurses Concerning the Care of Cardiac Cases, Dr. William H. Robey, Director of American Heart Association. *Friday evening.*—Banquet at Memorial Parlors. Speakers for evening: Dr. William H. Robey, Dr. George E. Stone, short addresses by nurses. *Saturday morning, January 9.*—Private Duty Section, Betsy Edgecomb presiding. Ideals of Private Duty Nursing, Mary Carey; Service in Private Duty Nursing, Marion Janess; Nursing League Section, Eleanor Campbell, chairman, presiding. Present Day Nursing Education, Mrs. Anne How. Public Health Nursing Section, Mrs. Theresa Anderson, chairman, presiding. Sociology, Evelyn Buchan, Dean of Sociology, University of Maine. Industrial Nursing and the Industrial Nurse, Mrs. Marion Brockway (House Mother, Metropolitan Life Insurance Company.) *Saturday afternoon.*—Election of officers. Unfinished business. Adjournment. THE MAINE STATE NURSES' EXAMINING BOARD has recently elected as its President, Agnes Nelson, Maine General Hospital, Portland.

**Maryland:** The annual meeting of the MARYLAND STATE NURSES' ASSOCIATION, MARYLAND STATE LEAGUE OF NURSING EDUCATION and the MARYLAND STATE PUBLIC HEALTH NURSES' ASSOCIATION will be held on January 26, 27, 28. Morning and evening sessions will be held in Ocker Hall, Baltimore. The program has not as yet been perfected, but the morning sessions will be devoted to



the consideration of problems regarding the education of the nurse. Various clinics, dispensaries and hospitals will be visited during the afternoons; and the evening meetings, with well known speakers, will be opened to the public. The meeting will close on Friday night with the annual supper. **Baltimore.**—THE NURSES' ALUMNAE ASSOCIATION OF THE UNIVERSITY OF MARYLAND HOSPITAL held a card party on November 21 for the benefit of the fund to enlarge the Louisa Parsons Home. The sum of \$250 was cleared. The prizes and candy were donated by members of the Association. Ethel Monroe, class of 1917, has been appointed Director of State Public Health Nursing.

**Massachusetts:** THE BOARD OF REGISTRATION OF NURSES will hold an examination for registration on Tuesday and Wednesday, January 12 and 13, 1926. **Frank M. Vaughan, M.D., Secretary.** **Fall River.**—At the annual meeting of the NURSES' ALUMNAE ASSOCIATION OF THE UNION HOSPITAL, the following officers were elected: President, Jennie V. Hampston; vice president, Mrs. Joseph Vandel; recording secretary, Bertha E. Clark, assistant, Mrs. James Feierclough; corresponding secretary, Mrs. Abbie P. Mueller, assistant, Mrs. Annette Jones; treasurer, Mrs. John M. Young. **Springfield.**—At the annual meeting of the WESTERN MASSACHUSETTS INDUSTRIAL NURSES' CLUB, held November 9, at the Y. W. C. A., a board of directors was elected to govern the activities of the Club. Since its organization the Club has been without a directing board; this year officials brought forward plans to elect such a board. At a short business meeting which followed a dinner at the "Y", Mrs. Ella H. MacDonald was reelected president, Agnes Canavan, of Holyoke, was elected vice president, Helen Greene of Holyoke and Mrs. Frances Hartwell of West Springfield were reelected secretary and treasurer. The board of directors elected were Mrs. Lucy W. Phelps, West Springfield, Margaret Walsh and Ruth Knapp, Holyoke; Agnes Whalen, Springfield; Mary Mooney, Chicopee; Marjory Eason, North Wilbraham, Ruth Holton, Turners Falls. **Worcester.**—Della DeGraw, for many years Superintendent of Nurses at Kingston Avenue Hospital, Brooklyn, has been appointed Director of Nursing of Belmont Hospital.

**Michigan:** **Detroit.**—At the meetings of the NATIONAL COUNCIL OF WOMEN, October 28-November 3, the American Nurses' Asso-

ciation was represented by five delegates. **Owosso.**—THE MEMORIAL HOSPITAL ALUMNAE ASSOCIATION had a very delightful and profitable evening, November 13. Eight members were added to the Association. Maude Joy, the President, gave an address of welcome. Lucille Tate, secretary, gave a report of the Flint District meeting. The Hospital executives were guests of the Association and made appropriate addresses. The Alumnae Association is sponsoring a registry to supply the community needs. Hannabel Grundy, of Perry, was appointed chairman of the Private Duty Section. **Saginaw.**—At a meeting held November 12 by the SAGINAW DISTRICT, the following officers were elected: President, Eleanor Howard; second vice president, Mrs. E. J. Beirlein; recording secretary, Rosemary Miller; corresponding secretary, Elsie Brown, treasurer, Mary McGovern.

**Minnesota:** At the annual meeting of the MINNESOTA STATE LEAGUE OF NURSING EDUCATION, the following officers were elected: Bessie Baker, President, Miller Hospital, St. Paul; Mary E. Gladwin, vice president; Mae E. Coloton, secretary, Abbott Hospital, Minneapolis; Eva H. Burggren, treasurer, University Hospital, Minneapolis. Through the generosity of the State Board of Examiners, every accredited school of nursing in the State received a 1926 League Calendar as a Christmas gift. **St. Paul.**—Esther Erickson, former superintendent of Merriam Park Hospital, has been appointed supervisor of a hospital in Norway, Mich.

**Mississippi:** THE MISSISSIPPI STATE BOARD OF EXAMINERS will hold its semi-annual examination for graduate nurses in Jackson, at City Auditorium, January 4 and 5, 1926. Application and information may be obtained from Aurelia Baker, Secretary, McComb.

**Missouri:** THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold examination for nurses, January 27-28, 1926, simultaneously in St. Louis and in Kansas City. Write to Jannett G. Flanagan, Secretary of the Board, 529-a East High Street, Jefferson, or apply to your School of Nursing for application. **St. Louis.**—THE LEAGUE OF NURSING EDUCATION has decided to have a booth at the Woman's National Exposition, to be held in this city, February 16-22. Inasmuch as the nursing profession is not understood by the average lay woman in the local and rural communities, it was felt that this would be a



splendid opportunity for presenting many aspects of nursing in a purely educational way.

**New Hampshire: Concord.**—THE MARGARET PILLSBURY GENERAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting, November 18, at the home of Ida Graham Davis. The sum of \$1,185 was reported in the Endowment Fund. A delegate was appointed for the next State meeting. Mae Russell read an interesting paper on the School Nurse Institute at Plymouth. A social hour was enjoyed. **Manchester.**—The quarterly meeting of the SACRED HEART HOSPITAL ALUMNAE ASSOCIATION was held at St. Ursula's Home, October 2. Reports of officers were read. Membership has increased during the year. Eleven of the members attended the fall meeting of the State Association. After the business meeting, a social hour was enjoyed to which the student nurses were invited. Sister Mary Regis expressed her gratitude to the Association for the donation-day gift,—the installation of new lights in the Nurses' Home. Mary V. Lee is resident nurse at St. Anselm's College. Harriet Curran has been appointed night supervisor at the Women's Memorial Hospital, Concord. Katherine Madden has accepted a position at the Huggins Hospital, Wolfboro.

**New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION** held its nineteenth semi-annual meeting in Newark, on November 6. It was the largest meeting in attendance of any in the history of the Association, and the interest and enthusiasm of the members was equally unusual. Both of these factors were due, it is believed, to the work among nurses, individually and collectively, that has been made possible by the establishment of State Headquarters. As there was a budget to be considered—the first time in the Association's history that a budget has been attempted—and much other routine business made necessary by the establishment of State Headquarters, much time was given to these. The budget was adopted, and the ways and means of securing the funds was referred to the Advisory Council, which met a few days after the semi-annual meeting. At this meeting the matter was referred to the respective Districts, with the understanding that a per capita fee would be needed, and that each District could devise its own method of obtaining its funds. The Districts are already taking the matter up with the Alumnae Associations, of which they are composed and there seems to be a

very optimistic feeling concerning the success of the budget. The advisability—and desirability—of raising Alumnae dues, throughout the State, is growing, for every one is waking up to the fact that an organization cannot function, today, on the dues of ten years ago. A most pleasant feature of the meeting throughout the day, was the presence of the National Headquarters Staff, and the Editor of "our Journal." Miss Deans in her usual buoyant and whole-hearted way, contributed much by way of suggestion in the business meeting, and at the private duty luncheon was a real joy. She presented a picture of the past and future of this group that very forcefully sent the fact home, and it is hoped much interest has been awakened. The *Journal* table in charge of Mrs. d'Arcy Stephen was most attractive. The cake given by one of the very active members of the Alumnae Association of the School of Nursing of the Paterson General Hospital, was beautiful, and deserved a great many more candles than the fourteen that were placed upon it. This cake was also used for the State Public Health Meeting the following day, and at the close of the meeting it was cut into suitable slices and sold. Five dollars was realized from this sale, and this money will be used to purchase magazines for Headquarters. Miss Roberts presented in a new and inspiring way the twenty-five year old story of *The American Journal of Nursing*. Many have since said that they had felt, after listening to Miss Roberts, a keener appreciation of the real service to the nurse that the *Journal* renders. A very able paper on Hospital Construction in Relation to the Work of the Nurse, was presented by Dr. George O'Hanlon, Medical Director of the Jersey City Hospital. Doctor O'Hanlon emphasized in his paper, the importance of proper provision for, and consideration of, the School of Nursing in the plans of every well organized hospital. At the banquet in the evening, which was attended by 256 members and guests, S. Lillian Clayton, and Mary M. Roberts were speakers. Miss Clayton presented, in her usual able manner, a most enlightening paper on Central Schools of Nursing, and it is believed by many that such a plan for the City of Newark would solve its teaching problem. Miss Roberts told about the International Council of Nurses at Helsingfors. She told about the conference itself, in brief, then she presented a picture of the *spirit* of the conference that held her listeners spellbound. To behold such beauty

and simplicity of spirit as could be seen and felt in the picture that Miss Roberts held before us, was indeed a privilege, and many went away with the feeling that after all the whole world is not as material as it seems. An unusual feature of the banquet was the presence of sixty student nurses, sent by their hospitals or by the alumnae associations. Elizabeth Le Brun, delegate to the International Council of Nurses, prepared a most delightful and comprehensive report, but because of illness was unable to be present. The report was read by Florence Dakin. The report of the General Secretary showed in the two-and-one half months of its existence, a most surprising development in Headquarters' activities, and a future full of possibilities. That a central Headquarters and a full-time Secretary are useful and will be acceptable to, and supported by the nurses throughout the State, seems to be an assured fact. The annual meeting will be held in Camden in April. **PATERSON.**—Emma D. Cushman, class of 1892, Paterson General Hospital, has recently been awarded the Near East Relief Distinguished Service Medal for bravery under fire, last spring. Miss Cushman was in charge of 1,500 orphans at Corinth, whose orphanage was in range of fire during a combat occurring during a revolution in Greece. She persuaded the commander of a warship to cease the shelling.

**New York:** Sarah J. Graham has been reappointed State chairman of the Nurses' Relief Fund Committee. **Brooklyn.**—THE NORWEGIAN LUTHERAN HOSPITAL ALUMNAE sent two delegates to the State meeting in Albany. Three members have recently returned from a visit from Norway, two of whom also attended the meetings of the International Council in Helsingfors. **Camandaigua.**—Louise F. Arnold, former superintendent of the Samaritan Hospital, Troy, and of the Ellis Hospital, Schenectady, has been appointed superintendent of the Frederick Ferris Thompson Hospital, succeeding Clara Fellows, whose resignation became effective in January. Miss Fellows guided the hospital successfully through the difficult period following the death of Mrs. Thompson. **New York City.**—M. Adelaide Nutting and Georgia M. Nevins sailed for Italy on December 5th. They will make an extended stay in various countries of Europe. Miss Nutting was the recipient of many attentions before her departure as this really terminates her dis-

tinguished service at Teachers College. At a delightful dinner she was showered with encomiums and presented by the Faculty with a beautifully illumined "Appreciation" which contained also the prized signatures of many of her friends in the College beginning with that of President Nicholas Murray Butler and of Dean Russell and ending with that of Alfred Masorarti. The New York group of the Johns Hopkins Alumnae gave a tea and Mary Magoun Brown gave one of her delightful luncheons. The Alumnae of the Nursing Education Department of Teachers College and of the Johns Hopkins Hospital School for Nurses combined forces to do her honor. A small committee waited upon Miss Nutting and presented her with a substantial sum which had been subscribed to be used at her own convenience and discretion for travel, research or publication or for some other similar purpose to be chosen by her." The contributions to the fund from the nurses were accompanied by such spontaneous tributes of affection that many of them were preserved for Miss Nutting in an attractively bound scrapbook. Mrs. Deborah Allee has accepted a position as House Mother and will also be in charge of the hospital of the James McCutcheon Co. The Nurses' Fund for a window in the Cathedral of St. John the Divine, has reached more than \$12,000 and was presented to Bishop Manning at the first annual meeting of the Woman's Division in October. **Rochester.**—THE GENESSEE VALLEY NURSES' ASSOCIATION met at the Club House on November 24. Miss Conway gave a good report of the State meeting. The Homeopathic Alumnae were hostesses for the social hour. On the evening of December 15, a *Journal* dinner was held at the Club House, for which six alumnae associations of the District provided six *Journal* birthday cakes with candles representing the number of subscribers secured during the special birthday campaign. These were from the alumnae associations of Clifton Springs Sanitarium, of the Frederick Ferris Thompson, the Highland, Park Avenue Clinical, Rochester General and Rochester Homeopathic hospitals. The dozens of little green candles meant enthusiastic work on the part of the alumnae and a substantial increase in the *Journal's* subscription count. **Troy.**—THE TROY HOSPITAL celebrated its Diamond Jubilee by special services on November 17 and 19. The hospital was founded in 1850; the school for nurses in 1894. At the mass celebrated on the 19th,

the sermon was preached by Mgr. Slattery who paid a glowing tribute to the work of the Sisters of Charity who conduct the nursing service of the hospital. Utica.—The regular meeting of DISTRICT No. 7 was held in the Assembly Hall of the Utica State Hospital, November 12. It was one of the best attended meetings ever held, there being over one hundred members present and all sections of the district were represented. Jane Boote, President, presided and appointed the following chairmen of the standing committees for the year: Credential, Susan Saymont; Legislation, Emily Hicks; Publicity, Eva Schied; Professional Ethics, Anna O'Neil; Nurses Relief Fund, Mary Nugent; Program, Stella Jenkins, and Nominating, Katherine Hassler. Reports were read by the following members who had attended the annual meeting of the State Association in Albany, namely, Mary Morris, Mary Lee, Alma Brown, Mrs. Lena Clark, Emily Hicks and Julia Hardy. Pearl Kamerer, director of the Utica Visiting Nurses' Association, told about the program of the new Visiting Nurses' Organization. The 25th anniversary of *The American Journal of Nursing* was celebrated with a huge birthday cake. Mary Murphy, chairman of the committee on the *Journal*, secured sixty-six subscriptions.

North Carolina: Asheville.—DISTRICT No. 1 held its regular monthly meeting December 9, at the Nurses' Club. The Chairman of the Red Cross and Christmas seal committees gave very encouraging reports. In November, a Bridge party was given at Grove Park Inn, when \$356 was realized to enable the Association to pay the premium on a lot it is buying, hoping eventually to build a club house, the present one being rented. The Christmas gift committee reported sixteen invalid nurses for whom they were preparing presents. Five magazines are sent to the women's wards at Oteen. Adelaide Orr, the State's first graduate nurse, who is doing active welfare work, gave a very interesting talk on the Mission for Lepers, showing a number of pictures from all parts of the world. A number of members bought the little gold pigs that are used by the mission as mite boxes. The meeting was one of the most enjoyable of the year. The *Journal* report was not forgotten, and the Christmas number was voted the best ever. Forty-four subscriptions have been taken in the district during the year.

JANUARY, 1928

North Dakota: Bismarck.—Louise Hoerman has resigned as Superintendent of the Bismarck Hospital, after sixteen years of service. She is succeeded by Susan V. Sheaffer. Miss Hoerman's twenty-fifth anniversary of entrance to the nursing profession was celebrated by her marriage at the hospital to Rev. Charles E. Platz of Leonardville. Members of the hospital family, trustees and their wives united in expressions of appreciation for the work Miss Hoerman has done.

Ohio: Ashtabula.—THE THIRD DISTRICT ASSOCIATION held a meeting in the Nurses' Home of Ashtabula General Hospital, Ashtabula, November 18. After business session, several interesting talks on public health were given. Music by the Student Nurses' Glee Club was enjoyed. Cincinnati.—DISTRICT 8 will hold a meeting on January 25, at the Tuberculosis Sanatorium. Anna Drake, Supervisor and Instructor, will speak on Tuberculosis Nursing. The bridge party given on November 16 by the ALUMNAE OF THE SCHOOL OF NURSING AND HEALTH, CINCINNATI GENERAL HOSPITAL, was a huge success. The receipts amounted to \$560 which will be used in establishing a scholarship fund.

Oklahoma: THE OKLAHOMA LEAGUE OF NURSING EDUCATION at its October meeting elected: President, Mrs. Ethel Hopkins, Guthrie; secretary treasurer, Mrs. Edna E. Powell, Cherokee.

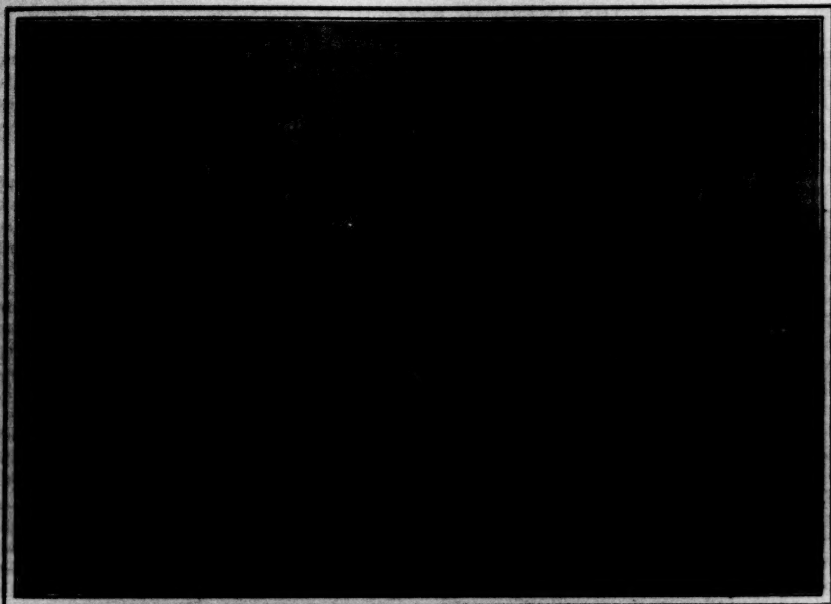
Pennsylvania: Altoona.—THE ALTOONA HOSPITAL NURSES' ALUMNAE ASSOCIATION met on December 3, and elected the following officers: President, Gertrude Johnson; vice presidents, Flora Hanson, Margaret Patterson; recording secretary, Margaret Rollins; corresponding secretary, Ruth Weltmer; treasurer, Mrs. Edgar Beamer. On December 2, the Association gave a dance in the gymnasium of the Nurses' Home, at which \$126 was cleared. The results were gratifying to all who helped make it a success. Clearfield.—THE ALUMNAE ASSOCIATION OF THE CLEARFIELD HOSPITAL held a card party at the Nurses' home in October at which \$50 was cleared. On November 17, the members entertained District 5, with a very good attendance. Harrisburg.—THE HARRISBURG HOSPITAL ALUMNAE ASSOCIATION held its regular meeting at the Nurses' Home, December 2, with Naomi Knapp, president, in charge. Plans for entertaining District 11 were discussed. Four new members were admitted.



Edith J. L. Clapp, Field Secretary of the American Nurses' Association, gave a very interesting talk on *The Relation of the Alumnae to Its School and to the Nursing Organizations*. A social hour followed. **Mercer.**—THE ALUMNAE OF MERCER SANITARIUM entertained the graduating class at the tea room, November 19. The address of welcome was given by Stella Hassell; the response by Mary McCartney; the class history by Elva McClurg Hamml; class will by Elizabeth McCurdy. Each class responded to roll call by a toast. Toasts were also given by Elizabeth Leese and Mrs. Goodwin. Graduating exercises took place the following day in the parlors of the Sanitarium, followed by a reception and lunch, after which the evening was spent in dancing. **Philadelphia.**—The annual meeting of the GERMAN TOWN DISPENSARY AND HOSPITAL ALUMNAE was held November 20. The election of officers for 1926 resulted as follows: President, Dora E. Warner; vice president, Mrs. O'Donnell; secretary, Josephine M. Greswold; treasurer, Jane M. Biedelmann. The delegates to the State meeting, Miss Greswold and Miss Warner, gave their reports. The October meeting of the SAMARITAN HOSPITAL ALUMNAE ASSOCIATION was largely attended. Following routine business, Mr. Meister, Superintendent of the Hospital, spoke on *Coöperation Between the Association and the Hospital*, enumerating ways in which the Association could be of special help to the Hospital. He also spoke of some plans for the comfort of nurses on special duty, the furnishing of a locker and rest room. After hearing the many needs, the members decided to omit the annual bazaar this year and work for the Hospital instead. They pledged themselves to finance the locker and rest room. A series of card parties will be given to raise the money. A letter was drafted to present to the Hospital Committee requesting their support in instituting twelve-hour duty for special nurses in the Hospital. The new building has been opened and needs more nurses to carry on the work. The Directress appealed for help in securing students. The members pledged themselves to try to secure one new student per member. The first card party, held on November 13, brought a good sum. Recent appointments are: Mildred Shelton, class of 1919, with Proctor & Schwartz; Laura Stout, class of 1920, at Whitman's; Mary McGuire, class of 1913, as anesthetist at Chestnut Hill Hospital; Jean Lyons, class of 1917, as school

nurse at Sunbury. Georgia John has entered the Army Nurse Corps and is stationed at El Paso, Texas. The second reunion of the graduates of the TRAINING SCHOOL OF THE WOMAN'S HOSPITAL OF PHILADELPHIA was held on November 12. About one hundred former graduates attended the banquet. During the afternoon, the managers gave a tea and reception to Dr. Anna Bromall, who reorganized the Training School fifty years ago. Many friends of Doctor Bromall came to meet her again. It was a very enjoyable occasion. Helen Greaney spoke at the banquet in the evening on *How To Increase the Enrollment in Our Training School*. As the result of her talk, a fund was started for a new modern nurses' home. In a few minutes two thousand two hundred and fifty dollars were raised. The souvenir of the occasion was a copy of *The History of The Training School* which made its first appearance at this time. It gives in brief form the growth of the school from 1861 to 1925. The booklet also contains the address list and follow-up work of the graduates, where such could be obtained. **Pittsburgh.**—At the December meeting of the NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL, the following officers were elected: President, M. Emma Scheideman; vice president, Helen M. Gleichert; treasurer, Maude M. Burgener; recording secretary, Elizabeth J. Sachs; corresponding secretary, Agnes M. Cowden. On December 8, Edith Clapp, Field Secretary of the American Nurses' Association, gave a very interesting and instructive address on *The Spirit of Nursing* before a large group of nurses, representing the North Side of Pittsburgh, at the Allegheny General Hospital. THE ALUMNAE OF MERCY HOSPITAL, SCHOOL OF NURSING, held its last meeting for this year in the class room of Nurses' Home, on November 30. Four delegates were sent to the State Convention, held in Williamsport. They attended the meeting and gave a very interesting report of events which took place at the convention. The Rose Club, composed of members of the Alumnae, reported that the series of card parties held during the fall season, were socially and financially successful. The last party was held in the Knights of Columbus headquarters, being a formal gathering. Hilda McAtee was general chairman. The gathering was largely attended and netted a profit of \$1,150, which, together with the money taken in at other gatherings, exceeded \$3,000. This sum was given to Sister





#### GROUP FROM PENNSYLVANIA STATE MEETING

Left to right: Roberta West, Jessie Turnbull (President), Elizabeth Miller (League President), Adda Eldredge (A. N. A. President), Miss Barlow, Netta Ford (State Secretary), Annie Laurie, Miss Weld.

M. Rose, Superintendent of the Hospital, to be used in the new home for nurses which is being erected on the Boulevard of Allies at Stephenson Street which is rapidly nearing completion. Alice Stratton has resigned her position as Instructor of Nurses at the Presbyterian Hospital, on account of ill health, and has gone to the Presbyterian Sanitarium, Albuquerque, New Mexico, for an indefinite time.

**Rhode Island:** THE RHODE ISLAND STATE NURSES' ASSOCIATION will hold its annual meeting the latter part of January, in the Medical Library, Providence. THE RHODE ISLAND LEAGUE OF NURSING EDUCATION entertained Annie W. Goodrich, Dean of the School of Nursing of Yale University, at dinner at the Plantations Club, Providence, December 11. **Providence.**—The graduates of St. Joseph's Hospital Training School celebrated the 25th anniversary of the School at a banquet in the Biltmore Hotel on November 24, the guests of honor being Rt. Rev. William Hickey, Bishop of Providence and Monsignor Peter Blessing. Irene Mountain acted as

toastmistress the following nurses responding: Nora Higgins, Louise Franklin, Alice O'Rourke, Margaret Friel, Isabel Lavoie and Mary Murphy. THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION held its regular meeting at the Nurses' Home, November 24. The business session was devoted to the discussion of the proposed revision of the by-laws. This was followed by a sale, the proceeds to be used to purchase Christmas boxes for sick and shut-in nurses. St. CAMILLUS GUILD FOR CATHOLIC NURSES met November 22 at St. Joseph's Hospital Nurses' Home. Seventy-three nurses were present. Alice O'Rourke presided and six new members were admitted. Rev. Peter Foley, Moderator of the Guild, talked on Abstinence. Mrs. Agnes Bacon, State supervisor on Americanization for the Board of Education, spoke on the convention of the National Council of Catholic Women held in Washington. A social hour followed.

**Texas:** An Institute, sponsored by the TEXAS STATE LEAGUE OF NURSING EDUCATION, was held in Austin, October 1, 2 and 3. This

Institute was primarily for nurses engaged in institutional work, but all nurses were invited to attend. The program was carried out according to schedule. The practical demonstrations were especially well attended, and added greatly to the interest of the Institute. Among other outstanding features was the address by Dr. Leslie Moore, of Dallas, in which he stressed the need of guarding against nutritional disease of infancy; that early symptoms must be regarded, and he gave some valuable instruction regarding them. The various contributors from the University of Texas Faculty gave information of sources of literature and other material available to the nurses of the state. As a result of a discussion of "Teaching Drugs and Solutions," presented by Zora McAnally, Instructor John Sealy Hospital, Galveston, a resolution was adopted: That a suggestion be sent to each District Association, asking them to include on their program during the year a course in "Drugs and Solutions." To aid nurses in "brushing up" on this subject, it was further resolved that the Texas Board of Nurse Examiners compile a uniform method for calculating the strength of solutions. This method is to be adopted by the Nursing Schools of Texas, and used by the Board in preparing state examinations on drugs and solutions. The social features were enjoyed by all present and the Institute closed with the adoption of a resolution of thanks to all who had contributed toward its success.

**Utah:** THE UTAH STATE NURSES' ASSOCIATION held a quarterly meeting, October 22 and 23, at the Elks' Club in conjunction with those of two other associations. The annual meeting will be held in Salt Lake City on January 13, at the Commercial Club. Two sessions will be held, at 2 p. m., and at 7:30 p. m., with a luncheon for all members at the Club at 6:30 p. m.

**Vermont:** Training schools accredited by the State of Vermont Board of Registration of Nurses are: Brattleboro Memorial Hospital, Rockingham Hospital, Brightlook Hospital, Fanny Allen, Mary Fletcher, Bishop de Goubriand, St. Albans, Heaton, Barre, Randolph Sanatorium and Rutland. Bennington, Proctor and Springfield hospitals have no schools, employing only graduate nurses. The secretary of the Vermont State Nurses' Association awaits an invitation for the semi-annual meeting of October, 1926.

**Virginia:** The Virginia semi-annual STATE BOARD EXAMINATIONS will be held in Richmond, January 5, 6 and 7, 1926. For further information write Ethel M. Smith, Secretary-treasurer, Craigsville.

**Washington:** The October meeting of GRAY'S HARBOR COUNTY NURSES' ASSOCIATION was held at the home of Mrs. J. Cram (Lydia A. Giberson) in Wynoochie Valley, where all enjoyed the hospitality offered them.

**Wisconsin:** THE WISCONSIN LEAGUE OF NURSING EDUCATION has elected the following officers for 1925-1926: President, Grace Te-Brake, Milwaukee; vice president, Stella Ackley, Wausau; secretary, Rose Newman, Milwaukee; treasurer, Marie Gobel, LaCrosse. **Ashland.**—The November meeting of the ELEVENTH DISTRICT was held at St. Joseph's Hospital Nurse's Home, November 28. The regular business meeting was followed by a report of the State meeting. Dr. R. L. Gilman gave an interesting lecture and demonstration on Basal Metabolism. A short program and social hour followed. **Eau Claire.**—The regular meeting of the TENTH DISTRICT was held November 10, at the Luther Hospital. Each member present responded to roll call by giving her impressions and knowledge gained from the State Convention. Community singing concluded the program. **Milwaukee.**—The program of the November meeting of the FOURTH AND FIFTH DISTRICT comprised reports from the International Council by Cornelia van-Kooy, President of the State Association, and from the State meeting by Ruth Kahl and Rose Neuman. The Alumnae of the Milwaukee Hospital and the Milwaukee Maternity General were the hostesses of the evening and the Senior nurses of these institutions were guests. The night of the regular meeting for December was given over to a dancing party at the Wisconsin Nurses' Club which was well attended and enjoyed; the alumnae of Columbia Hospital and the individual members being hostesses. The Wisconsin Nurses' Club held its annual bazaar on December 5.

#### Incorrect Addresses

A great many letters intended for the *Journal* are being addressed to the Rochester Street address, but with New York City following. Address editorial mail to 370 Seventh Avenue, New York. Address business mail to 19 West Main Street, Rochester, N. Y.

*Marriages*

**Elizabeth Beech** (class of 1924, Butler Hospital Training School for Nurses, Providence, R. I.) to **Harold Soderberg**, Nov. 21.

**Edna Bester** (class of 1904, John C. Proctor Hospital, Peoria, Ill.) to **Samuel H. Stone**, November 15. At home, Phoenix, Ariz.

**Mary Howard Burnell** (class of 1923, Ancker Hospital, St. Paul, Minn.) to **Edward D. McGrann**, October 16. At home, Hollywood, California.

**Jessie Campbell** (class of 1924, Ancker Hospital, St. Paul, Minn.) to **Robert Reed**, October 24. At home, Viroqua, Wis.

**Gertrude Cardell** (class of 1925, Mounds Park Hospital, St. Paul, Minn.) to **Joseph Grendell**, November 24. At home, St. Paul.

**Mabel Etta Clark** (of Oakland, California) to **Milton Eves Fisher**, November 10.

**Edna Brandt Good** (class of 1922, Ashland State Hospital, Ashland, Pa.) to **Alfred Neal Dargan**, November 18.

**Laura B. Granner** (Faxton Hospital, Utica, N. Y.) to **Willoughby E. Barrere**, November 25. At home, Pontiac, Ill.

**Louise Hoerman** to **Charles E. Platz**, October 21. Rev. and Mrs. Platz will live in Leonardville, Kansas.

**Josephine Winifred Jenkins** (Washington University School of Nursing, St. Louis) to **George Arnold Green**, November 3.

**Marie Katerbe** (class of 1924, St. Michael's Hospital, Grand Forks, N. D.) to **Frank J. Zedlick**, in October.

**Anita Krourey** (class of 1921, Luther Hospital, Eau Claire, Wis.) to **Bernard O. Roe**, October 22. At home, Stanley, Wis.

**Ann McDaniel** (class of 1922, Baptist Memorial Hospital, Memphis, Tenn.) to **W. C. Glover**, November 19.

**Edith Elgin MacNaughton** (class of 1911, Allegheny General Hospital, Pittsburgh, Pa.) to **Elmer N. Piper, M.D.**, November 28. At home, New Kensington, Pa.

**Maria Male** (class of 1918, Park Place Hospital, Pawtucket, L. I.) to **T. A. Girard**, November 24. At home, New York City.

**Maude E. Miller** (class of 1914, Maryland University Hospital, Baltimore, Md.) to **George E. Coulbourn, M.D.**, November 18. At home, Marion, Md.

**Myrtle Miller** (class of 1922, Altoona Hospital, Altoona, Pa.) to **Myron Henderson**, November 24. At home, Altoona.

**Beartlee Mitchell** (class of 1919, St. Francis Hospital, Trenton, N. J.) to **Ross Roberts**, November 2.

**Minnie Nerdrum** (class of 1923, Luther Hospital, Eau Claire, Wis.) to **A. B. Mallum**, October 24. At home, Eau Claire, Wis.

**Maud Olson** (class of 1925, Clearfield Hospital, Clearfield, Pa.) to **Droze Fink**, November 7. At home, Tyrone, Pa.

**Mabel E. Prince** (class of 1911, Germantown Hospital, Philadelphia) to **Ernest Barnaby Yates**, November 24. At home, Philadelphia.

**Alice Robinson** (class of 1922, Deaconess Hospital, Great Falls, Mont.) to **Albert P. Nelson**, October 17.

**Ethel Rogers** (class of 1919, John C. Proctor Hospital, Peoria, Ill.) to **Peter Grant**, October 31. At home, Pekin, Ill.

**Marion Ida Rosevear** (class of 1925, Mary Miller Hayes School of Nursing, Fremont, O.) to **Leroy Krugh**, October 13.

**Monica Rourke** (class of 1924, Lakeside Hospital, Chicago) to **Harry R. Trout**, October 22. At home, Glendale, California.

**Ethel Marian Snider** to **Franklyn P. Willis**, November 27. At home, Los Angeles, California.

**Belva Sturm** (class of 1913, John C. Proctor Hospital, Peoria, Ill.) to **Albert Henniges**, November 22. At home, Peoria.

**Elmina S. Sweigert** (class of 1921, Harrisburg Hospital, Harrisburg, Pa.) to **Paul A. Weiser**, November 14. At home, Harrisburg.

**Genevieve Swiatek** (class of 1922, Dickenson Hospital, Northampton, Mass.) to **George Lawler**, November 16. At home, Northampton.

**Charlotta Thaug** (class of 1921, Mounds Park Hospital, St. Paul, Minn.) to **Walter Carlson, M.D.**, December 1.

**Clara Wilkerson** (class of 1922, Baptist Memorial Hospital, Memphis, Tenn.) to **Robert Ford, M.D.**, November 24.

**Nelle York** (class of 1914, Allegheny General Hospital, Pittsburgh, Pa.) to **Raymond MacDonnell**, November 27. At home, East Akron, O.

## Deaths

Anna G. Frein (class of 1895, St. Louis Training School for Nurses, St. Louis) on October 14. Miss Frein served in the Spanish-American War and was a charter member of the Missouri State Association.

Mary A. Gallagher (class of 1910, Philadelphia General Hospital, Philadelphia, Pa.) on December 2, following an operation. Miss Gallagher was for many years superintendent of the Lancaster County Hospital, and for the last 16 months, of the Old Ladies' Home, Philadelphia. Her true Christian life was an example to all who came in contact with her. The people of Lancaster sent condolences and flowers. Expressions of regret were in every paper. Those associated with her in Philadelphia also felt they were losing one whose place could not be filled. Patience, kindness and executive ability characterized her work.

Olive Hartlove (graduate of St. Joseph's Hospital, Philadelphia) at Hamburg Sanitarium, early in November. Miss Hartlove was at Saranac Lake for several years. She was an ideal nurse with a genial disposition.

Margaret Fraser Kemp (class of 1899, Butler Hospital Training School for Nurses, Providence, R. I.) on November 18, at the Kemp Memorial for Nurses (in memory of her late husband, Bertram Kemp), Butler Hospital. Mrs. Kemp had just returned after a year's leave of absence to resume her former duties at the hospital.

Jennie McNeil (class 1917, General Hospital, Memphis, Tenn.), on December 2, 1925, at her home, of acute Bright's disease and erysipelas. Miss McNeil did institutional

work but at the time of her death she was doing private duty nursing. She was an active member of the Alumnae Association and was well loved by her associates. Her death was a great shock to her friends, as well as a loss to the profession.

Margaret J. Moran (class of 1907, Philadelphia General Hospital) on November 16, at St. Agnes Hospital, Philadelphia, after a lingering illness. Miss Moran served as head nurse at the Philadelphia General after graduation, then was superintendent of the Macon City Hospital, Macon, Georgia, for two years, and Directress of Nurses, St. Agnes' Hospital, Philadelphia, for ten years. Later she was Instructor in Home Hygiene for the Red Cross in Wilmington, Delaware. Services at her home in Wilmington were attended by representatives from many schools and associations with which she had been connected. She had endeared herself to large numbers of nurses who mourn her loss. She was a woman of fine character, as well as an excellent nurse and instructor.

Mary L. Schappert (class of 1902, St. Louis Baptist Hospital) on September 19, at St. John's Hospital, St. Louis, following an operation. Miss Schappert did private nursing and institutional work; she served with the Army Corps from 1917 to 1922. She was on the staff of Mt. Sinai Hospital, Cleveland, Ohio, at the time she was taken ill.

Mrs. Stanley Todd (Dora Pelan), class of 1918, St. Michael's Hospital, Grand Forks, N. D.) in October.

Sophie Tytler (an early graduate of the Rochester General Hospital, Rochester, N. Y.) in Rochester, December 13.

*"Grief should be  
Like joy, majestic, equable, sedate;  
Confirming, cleansing, raising, making free;  
Strong to consume small troubles; to command  
Great thoughts, grave thoughts, thoughts lasting to the end."*

—AUBREY DE VERE.



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## About Books

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### MASSAGE AND THERAPEUTIC EXERCISES.

By Mary McMillan. Second revised edition. W. B. Saunders Company, Philadelphia. Price, \$2.50.

**T**HOSE who know Miss McMillan's helpful and practical book, *Massage and Therapeutic Exercises*, will welcome the new edition which is completely revised and amplified with over forty new drawings of apparatus for therapeutic exercise and apparatus for up-to-date fracture work. There is also an appendix, giving lists of the minimum equipment for a gymnasium and for an electrotherapy and a hydrotherapy department.

This book is invaluable to anyone in physiotherapy work whether it be physician, nurse, aide or teacher, as it is based on long years of practical experience and intensive study. It gives one not only the most recent development and application of treatment, but also the best of the old methods in all four branches of physiotherapy; namely, manipulation of muscles and joints, therapeutic exercise, electrotherapy and hydrotherapy.

LUCILE R. GRUNEWALD,  
*Los Angeles, California.*

**NURSE'S HANDBOOK OF DRUGS AND SOLUTIONS.** By Julia C. Stimson, A.M., R.N. Fourth Edition. 115 pages. M. Barrows and Company, Boston. Price, \$1.25.

**T**HE continued success of this book is evidence that the two objects mentioned in the preface to the first edition: "first, to publish as much *Materia Medica* in a simple and useful form as is essential for a nurse to know; and second, to omit as far as possible all that is not essential, albeit interesting or useful" have been, at least to

a certain extent, accomplished. Since the use of certain drugs seems to be largely a matter of custom in certain localities, the revisions have been made by persons familiar with other systems of medical treatment than the ones with which the author was acquainted.

This latest (fourth) revision retains and improves upon the familiar and useful outline form of the book and the chapter on Solutions has been simplified and brought up-to-date.

The text is well set up and is printed on an excellent quality of paper, thus adding to the usefulness of the well known little book.

**SCIENTIFIC NUTRITION IN INFANCY AND EARLY CHILDHOOD.** By Stafford McLean, M.D., and Helen L. Fales, B.S. 404 pages. Lea & Febiger, Philadelphia. Price, \$3.75.

**B**ECAUSE of the fact that formerly the medical student received more adequate instruction in the symptomatology and treatment of disease than in the physiology and nutrition of the normal individual, the knowledge of human nutrition is still in its infancy. It is still difficult to find many dependable records of work in metabolism done on healthy children, but the authors have incorporated in this book much of the best published by themselves and the recent findings of others.

Part I of the book gives concise, fundamental nutritional principles. Based on their application to the normal child, these principles are in turn modified to suit abnormal conditions. The balance of the book deals with the theories on which the use of different foods is based.

The authors believe that most infants may be reared on simple mixtures of

whole milk, water and carbohydrate. Infants incapable of thriving under such feeding form a very small group. The various types of formulae are explained in detail. One is given an appreciation of the advantages of each and any deficiencies in supplying nutritive needs. A chapter on proprietary foods used in infant feeding adequately answers the questions arising regarding the comparative food value of many products.

Parts II and III of the book deal with disturbances of the digestive tract and other conditions associated with disturbed nutrition. Part IV gives methods of calculating the value of diets and a very complete compendium. In the latter, tables and data are included which should prove invaluable to any one who is responsible for the scientific feeding of infants and children.

HELEN CLARKE, M.S.,  
Clifton Springs, N. Y.

HOME HYGIENE AND CARE OF THE SICK. By Jane A. Delano, R.N. Illustrated. 347 pages. Third Edition. P. Blakiston's Son and Company, Philadelphia. Price, paper, 85 cents; cloth, \$1.50.

FOR the third time this important little book, the backbone of the ever increasing Red Cross classes, in all walks of life, in *Home Hygiene and Care of the Sick* has been revised. The book is indissolubly connected with the halcyon name of Miss Delano, who prepared the first edition in collaboration with Isabel McIsaac. The new edition was revised by Mrs. Isabelle W. Baker, now director of the American Red Cross courses in *Home Hygiene and Care of the Sick*. The subject matter of the book is re-arranged to lead in natural sequence from individual health and hygiene to hygiene of the home, with study first of its normal problems and next of special problems such as

care of the baby, pre-school and school child and care of the sick, concluding finally with community health.

Four chapters have been added: the first—Individual Health and Hygiene; second—The Care of Children; third—The Home Attendant and Her Daily Routine; fourth—Community Health. The material has also been arranged under short topical headings which will make it of more practical use as a textbook. The line cuts of the previous book have been replaced by photographic illustrations.

The emphasis upon the positive teaching of health, of the importance of attaining and maintaining the normal, is distinctly up-to-date. The new edition is well printed and well illustrated. It is assured wide use.

HOSPITALS AND HEALTH AGENCIES OF LOUISVILLE, 1924. A Survey made by Haven Emerson, M.D., and Anna C. P. Phillips.

THIS is a study which could not have been made according to Doctor Emerson's letter of transmittal, "without the constant individual and collective assistance and most loyal interest, of each of the institutions and agencies, whether under public or private direction." Louisville is fortunate in its location for, says the report, "If Louisville in any way falls short of the high standard of communal health practice which her citizens hope to attain, it is evident that it will not be due to any natural factors of environment."

Nursing education was not specifically included in the report. The mention of the fact that there is no League of Nursing Education, is of interest as indicating recognition of the value of such organizations.

The Public Health Nursing Association of the city is highly commended for

the character and growth of its work.

Having stated that "Civic inertia, lack of imagination and want of liberality in community action are the only things that prevent Louisville from leading all the cities of the South in the excellence of the health of its citizens," the study proceeds to indicate the steps to be taken, including a gradual increase in the amount spent for health work from 34 cents per capita to at least \$1, and the organization of a Health and Hospital Council for the city and county, and a non-partisan board of trustees to have charge of the City Hospital.

#### HOSPITALS OF CINCINNATI, A SURVEY.

By Mary L. Hicks, Helen S. Troun-  
stine Foundation, Cincinnati, O.  
Price, \$1.

**T**HIS study of the hospital facilities of Cincinnati was undertaken by the Foundation on request of the Building Fund Committee of the Community Chest and Council of Social Agencies. The work was done under the direction and supervision of a Committee, of which Dr. A. C. Bachmeyer was chairman.

Clinics, dispensaries, hospital social service and nursing were excluded from the survey in order to expedite the work.

The survey throughout "anticipates the time when hospitals will jointly plan to serve the citizens of the community." With this as the key, it is not surprising to find recommendation (1) that a Hospital Council representing the hospital superintendents and trustees, the Academy of Medicine, and the public be formed.

It is noted that one hospital has a waiting list, but that the time of peak loads in the various hospitals varies greatly and it is recommended that no building program for acute cases be

undertaken, but that a central clearing house for use in placing patients be established. This suggests a possible solution of the problem of the distribution of patients where beds are available.

Emphasis is placed on the lack of facilities for convalescent care and the lack of hospital social service to secure a maximum of such care as is available.

A program for the care of chronic and incurable cases is suggested.

The study reveals the fact that although the city does not possess the quota of beds for communicable diseases considered desirable by Dr. Haven Emerson, the facilities it does possess are in excess of the present demand.

From the nursing point of view, the survey is especially interesting because of its emphasis on the need for more visiting nurse service in order that more care for chronics might be available and that nursing care be given to patients suffering from communicable diseases in the homes and that a delivery service should be added.

A final note is one so commonly heard in all health work, "the hospitals, despite their long records of splendid service, have not been able to interpret their work and needs to a large portion of the community" and suggests as part of the duties of a Hospital Council the development of a program of education and publicity. The Survey provides a most excellent basis for such a program and is replete with material suggestive to other cities facing a similar situation.

#### THE CHILDREN'S BUREAU: ITS HISTORY, ACTIVITIES AND ORGANIZATION.

By James A. Tobey. 83 pages. The Johns Hopkins Press, Baltimore, Md. Price, \$1.

**T**HIS is one of the monographs prepared by the Institute for Government Research for the double purpose

of furnishing an essential tool for efficient legislation, administration and popular control, and of laying the basis for critical and constructive work on the part of those upon whom responsibility for such work primarily rests.

It is conveniently set up under the subdivisions of History, Activities, and Organization. There are six appendices containing an index to and a compilation of laws, a bibliography of works dealing with the Children's Bureau, and a List of the Publications of the Bureau.

**A DIRECTORY OF PSYCHIATRIC CLINICS FOR CHILDREN IN THE UNITED STATES** may be had from the Joint Committee on Methods of Preventing Delinquency, 50 East Forty-second Street, New York City, at fifty cents per copy. According to the "Progress Report" of the Committee, just issued at the close of three years of work under the auspices of the Commonwealth Fund, the chief objectives of the Committee are the promotion of child guidance clinics and of visiting teacher work. In working out the first of these two problems much material was collected and has been compiled in the useful form of a Directory. The edition is limited.

#### Books Received

**THE OPEN WINDOW.** A Book for the Shut-in. By Elisabeth Robinson Scovil. Henry Altemus Company, Philadelphia. Price, 50 cents.

On each page is a short meditation and a prayer, just enough to start a helpful train of thought. A good book for nurses to know about, to recommend and, indeed, to read.

**OUR BABIES.** From Birth to Two Years. By Herman N. Bundesen, M.D. Commissioner of Health, Chicago.

An attractive, profusely illustrated booklet of 68 pages, which contains in simply and

attractively stated form the information the mother needs in order to keep herself fit to nurse her baby and to care for the child during his first year of life.

**REMOVAL OF STAINS FROM CLOTHING AND TEXTILES.** Farmer's Bulletin 861, U. S. Department of Agriculture, is a valuable pamphlet giving the general principles of stain removal and specific methods for the removal of many of the substances which commonly cause stains.

**A SYLLABUS FOR TRAINING OF NURSES IN OCCUPATIONAL THERAPY,** prepared by Mrs. Eleanor Clark Slagle for the State Hospital Commission of New York may be obtained from the American Occupational Therapy Association, 370 Seventh Avenue, New York.

**SURGICAL NURSING AND AFTER TREATMENT:** A Handbook for Nurses and Others. By H. C. Rutherford Darling, M.D. Second Edition. 566 pages. Illustrated. J. & A. Churchill, London.

**COACHING MANUAL FOR MIDWIFERY STUDENTS.** By Felicie Norton. 110 pages. The Scientific Press, Ltd., London. Price, 1/6.

**INSECTS AND DISEASES OF MAN.** By Carroll Fox, M.D. Illustrated. 349 pages. P. Blakiston's Son and Company, Philadelphia. Price, \$4.

**A TEXTBOOK OF PHYSIOLOGY.** By William D. Zoethout, Ph.D. Second Edition. Illustrated. 616 pages. The C. V. Mosby Company, St. Louis. Price, \$4.50.

**THE THERAPY OF PUERPERAL FEVER.** By Privatdozent Dr. Robert Koehler. American Edition prepared by Hugo Ehrenfest, M.D. Illustrated. 271 pages. The C. V. Mosby Company, St. Louis. Price, \$4.

**WE AND OUR HEALTH.** Book IV. By E. George Payne, Ph.D. and John D. McCarthy, M.D. Illustrated. 282 pages. American Viewpoint Society, Inc. New York. Price, \$1.

**THE NURSE'S PRONOUNCING DICTIONARY.** Eleventh Edition Revised. Illustrated. 230 pages. The Scientific Press, London. Price, 3/6.



# Official Directory

**International Council of Nurses.**—Headquarters secretary, Christiane Reimann, 1 Place du Lac, Geneva, Switzerland.

**The American Journal of Nursing Company.**—Headquarters, 370 Seventh Ave., New York. Business Office, 19 West Main St., Rochester, N. Y. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

**The American Nurses' Association.**—Headquarters, 370 Seventh Ave., New York. Director, Agnes G. Deans, 370 Seventh Ave., New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treasurer, V. Lota Lorimer, 11705 Detroit Ave., Lakewood, O. Sections: Private Duty, Chairman, Helen F. Greaney, 8620 Montgomery Ave., Chestnut Hill, Pa. Mental Hygiene, Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. Legislation, Chairman, A. Louise Dietrich, 1001 E. Nevada Street, El Paso, Tex. Government Nursing Service Section, Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. Relief Fund Committee, Chairman, Elizabeth E. Golding, 317 West 45th St., New York, N. Y.

**The National League of Nursing Education.**—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Secretary, Ada Belle McClery, Evanston Hospital, Evanston, Ill. Treas., Marion Rottman, Bellevue Hospital, New York. Executive Secretary, Blanche Pfefferkorn, 370 7th Ave. New York.

**The National Organization for Public Health Nursing.**—President, Elizabeth G. Fox, 2151 California St., N. W., Washington, D. C. Acting Director, Theresa Kraker, 370 Seventh Ave., New York.

**Isabel Hampton Robb Memorial Fund Committee.**—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, care American Journal of Nursing, 19 West Main St., Rochester, N. Y.

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**Nursing Service, American Red Cross.**—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

**Army Nurse Corps, U. S. A.**—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

**Navy Nurse Corps, U. S. N.**—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

**U. S. Public Health Service Nurse Corps.**—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

**Nursing Service, U. S. Veterans' Bureau.**—Superintendent, Mrs. Mary A. Hickey, Hospital, Section, U. S. Veterans' Bureau, Washington, D. C.

**Department of Nursing Education, Teachers College, New York.**—Director, Isabel M. Stewart, Teachers College, Columbia University.

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**South Dakota.**—President, Carrie E. Clift, 1205 West Blvd., Rapid City. Corresponding secretary, Margaret Hoover, 302 Dakota Life Bldg., Watertown. President examining board, Bothilda U. Olson, 510 N. Fourth Ave., Mitchell. Secretary-treasurer, Mrs. Elizabeth Dryborough, Rapid City.

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**Texas.**—President, Anne Taylor, 204 Linwood Blvd., San Antonio. Secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada St., El

Paso. State League President, Mrs. Robert Jolly, Baptist Hospital, Houston. Secretary, L. Jane Duffy, State Board of Health, Austin. President examining board, Mrs. J. R. Lehman, 2910 Shenandoah St., Dallas. Secretary, Mary Grisby, Box 1557, Waco.

**Utah.**—President, Blanche Henderson, 686 Milton Ave., Salt Lake City. Secretary, Jane Rawlinson, Salt Lake County Hospital, Salt Lake City, Department of Registration, Capitol Bldg., Salt Lake City.

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